



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report October 2017

Contents

1. Executive Summary	7
2. Financial Position.....	13
2.1 Summary	13
2.2 CCG Financial Forecast.....	14
2.3 Provider Expenditure Analysis – Acting as One	15
2.4 QIPP	16
2.5 Risk	17
2.6 CCG Cash Position.....	18
2.7 Recommendations.....	18
3. Planned Care.....	20
3.1 Referrals by source.....	20
3.1.1 E-Referral Utilisation Rates.....	21
3.2 Diagnostic Test Waiting Times.....	22
3.3 Referral to Treatment Performance.....	24
3.3.1 Incomplete Pathway Waiting Times	24
3.3.2 Long Waiters analysis: Top 5 Providers	25
3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty	25
3.3.4 Provider assurance for long waiters	26
3.4 Cancelled Operations	27
3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days.....	27
3.4.2 No urgent operation to be cancelled for a 2nd time.....	27
3.5 Cancer Indicators Performance	28
3.5.1 - Two Week Waiting Time Performance.....	28
3.5.2 - 31 Day Cancer Waiting Time Performance.....	29
3.5.3 - 62 Day Cancer Waiting Time Performance.....	30
3.6 Patient Experience of Planned Care	31
3.7 Planned Care Activity & Finance, All Providers.....	32
3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust	33
3.7.2 Planned Care Southport & Ormskirk Hospital	35
3.7.3 Renacres Hospital	36
3.7.4 Spire Liverpool.....	36
3.8 Personal Health Budgets	37
3.9 Continuing Health Care (CHC).....	37
3.10 Smoking at Time of Delivery (SATOD).....	39

4.	Unplanned Care.....	39
4.1	Accident & Emergency Performance	39
4.2	Ambulance Service Performance.....	41
4.3	NWAS, 111 and Out of Hours	44
4.3.1	111 Service Calls.....	44
4.3.2	GP Out of Hours Service Calls.....	45
4.4	Unplanned Care Quality Indicators	45
4.4.1	Stroke and TIA Performance.....	45
4.4.2	Mixed Sex Accommodation.....	46
4.4.3	Healthcare associated infections (HCAI).....	47
4.4.4	Hospital Mortality	48
4.5	CCG Serious Incident Management.....	49
4.6	CCG Delayed Transfers of Care	49
4.7	ICRAS Metrics	52
4.8	Patient Experience of Unplanned Care	53
4.9	South Sefton Urgent Care Dashboard	53
4.10	Unplanned Care Activity & Finance, All Providers.....	56
4.10.1	All Providers	56
4.10.2	Aintree University Hospital NHS Foundation Trust.....	57
4.10.3	Aintree Hospital Key Issues	57
4.10.4	Royal Liverpool University Hospital.....	57
4.10.5	Royal Liverpool University Hospital Key Issues.....	57
5.	Mental Health.....	58
5.1	Mersey Care NHS Trust Contract	58
5.1.1	Key Mental Health Performance Indicators	59
5.1.2	Out of Area Placements (OAP's)	59
5.1.3	Mental Health Contract Quality Overview.....	60
5.1.4	Patient Experience of Mental Health Services.....	61
5.2	Improving Access to Psychological Therapies	61
5.3	Dementia	63
5.4	Improve Access to Children & Young People's Mental Health Services (CYPMH).....	64
5.5	Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services	64
6.	Community Health	65
6.1	Mersey Care Community Contract.....	65
6.1.1	Quality	65
6.1.2	Patient DNA's and Provider Cancellations	66

6.1.3	Waiting Times.....	66
6.2	Any Qualified Provider Mersey Care Podiatry Contract.....	67
6.2.1	Liverpool Community Health Quality Overview	67
6.3	Alder Hey Community Services	67
6.4	Percentage of Children Waiting More than 18 Weeks for a Wheelchair	68
7.	Third Sector Overview	68
8.	Primary Care.....	69
8.1	Extended Access (evening and weekends) at GP services.....	69
8.2	CQC Inspections.....	70
9.	Better Care Fund	71
10.	CCG Improvement & Assessment Framework (IAF)	74
10.1	Background	74
10.2	Improvement & Assessment Framework Dashboard	76
10.3	Clinical Priority Areas.....	78
11.	NHS England Monthly Activity Monitoring	79

List of Tables and Graphs

Figure 1 – Financial Dashboard	13
Figure 2 – Forecast Outturn	14
Figure 3 – Acting as One Contract Performance	15
Figure 4 – QIPP Plan and Forecast	16
Figure 5 – CCG Financial Position	17
Figure 6 – Risk Adjusted Financial Position	17
Figure 7 – Summary of working capital	18
Figure 8 - GP and ‘other’ referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18	20
Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18	20
Figure 10 - South Sefton CCG E Referral Performance	21
Figure 11 - Diagnostic Test Waiting Time Performance	22
Figure 12 - Referral to Treatment Time (RTT) Performance	24
Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	24
Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	25
Figure 15 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust	25
Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust	26
Figure 17 - South Sefton CCG Provider Assurance for Long Waiters	26
Figure 18 – Aintree Cancelled Operations	27
Figure 19 – Aintree Cancelled Operations for a second time	27
Figure 20 – Two Week Cancer Performance measures	28
Figure 21 – 31 Day Cancer Performance measures	29
Figure 22 – 62 Day Cancer Performance measures	30
Figure 23 – Aintree Inpatient Friends and Family Test Results	31
Figure 24 - Planned Care - All Providers	32
Figure 25 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD	33
Figure 26 - Planned Care - Aintree University Hospital NHS Foundation Trust Variance from plan by Specialty and by POD	34
Figure 27 - Planned Care - Southport & Ormskirk Hospital by POD	35
Figure 28 - Planned Care - Renacres Hospital by POD	36
Figure 29 - South Sefton CCG – 2017/18 PHB Plans	37
Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population	37
Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population	38
Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed	38
Figure 32 - Smoking at Time of Delivery (SATOD)	39
Figure 33 - A&E Performance	39
Figure 34 - A&E Performance – 12 hour breaches	41
Figure 35 - Previous Ambulance performance targets and new ARP Targets	42
Figure 36 - Ambulance handover time performance	43
Figure 39 - Stroke & TIA performance	45
Figure 40 - Mixed Sex Accommodation breaches	46
Figure 41 - Healthcare associated infections (HCAI)	47
Figure 42 - Hospital Mortality	48

Figure 43 - Summary Hospital Mortality Indicator	48
Figure 44 - Average Delayed Transfers of Care per Day at Aintree April 2016 – October 2017	50
Figure 45 - Agency Responsible for Days Delayed at Aintree April 2016 – October 2017	50
Figure 46 - Average Delayed Transfers of Care per Day - Merseycare - April 2016 – October 2017	51
Figure 47 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – October 2017	51
Figure 48 - Aintree A&E Friends and Family Test performance	53
Figure 49 - Month 7 Unplanned Care – All Providers	56
Figure 50 - Month 7 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	57
Figure 51 - Month 7 Unplanned Care – Royal Liverpool University Hospital Trust by POD	57
Figure 52 - NHS South Sefton CCG – Shadow PbR Cluster Activity	58
Figure 53 - CPA – Percentage of People under CPA followed up within 7 days of discharge	59
Figure 54 - CPA Follow up 2 days (48 hours) for higher risk groups	59
Figure 55 - EIP 2 week waits	59
Figure 56 - OAP Days	59
Figure 57 - Merseycare Friends and Family Test performance	61
Figure 58 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	61
Figure 59 - NHS South Sefton CCG – Access Sefton % Internal waiters	63
Figure 60 - Dementia casefinding	63
Figure 61 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)	64
Figure 62 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)	64
Figure 63 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)	65
Figure 64 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)	68
Figure 65 - South Sefton CCG - Extended Access at GP services 2017/18 Plans	69
Figure 66 - CQC Inspection Table	70
Figure 67 – BCF Metric performance	72
Figure 68 – BCF High Impact Change Model assessment	73
Figure 69 – Q1 2017/18 IAF Dashboard	76
Figure 70 - South Sefton CCG's Month 7 Submission to NHS England	80

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 7 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		Aintree
Cancer 2 Week GP Referral		Aintree
RTT 18 Week Incomplete Pathway		Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		Aintree
Cancer 14 Day Breast Symptom		Aintree
Cancer 31 Day First Treatment		Aintree
Cancer 31 Day Subsequent - Drug		Aintree
Cancer 31 Day Subsequent - Surgery		Aintree
Cancer 31 Day Subsequent - Radiotherapy		Aintree
Cancer 62 Day Standard		Aintree
Cancer 62 Day Screening		Aintree
Cancer 62 Day Consultant Upgrade		Aintree
Diagnostic Test Waiting Time		Aintree
Early Intervention in Psychosis (EIP)		
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
HCAI - E Coli		
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		Aintree
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree
NHS E-Referral Service Utilisation		
Ambulance - Category One*		
Ambulance - Category Two*		
Ambulance - Category Three*		
Ambulance - Category Four*		

*October ambulance data is unavailable at present due to new indicators being developed.

Key information from this report

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

The QIPP savings requirement to deliver the agreed financial plan is £8.480m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 8, £1.136m QIPP savings have been achieved.

The year to date financial position is a deficit of £2.5m, a deterioration against the planned deficit of £0.250m. The full year forecast financial position is breakeven. This position represents the best-case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering these plans in full.

Planned Care

Referrals in September 2017 were consistent with the overall average. An increase in referrals results in October 17 having the highest number so far, with Aintree being the main protagonist for this increase. With further analysis, T&O seems to be the cause of this increase along with other minor increases across the board for the treatments. GP referrals in 2017/18 to date are 6.9% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to: Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.6% higher when compared to 2016/17, with General Medicine and Clinical Physiology seeing substantial increases.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. The latest data (October) for E-referral Utilisation rates reported is 21%; down by 2% from September.

In October, the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test. Out of 2,795 patients, 73 waited over 6 weeks and 35 waited over 13 weeks. The majority of breaches were for colonoscopy (37), CT scan (32) and gastroscopy (28). This is an improvement on last month when the CCG recorded 3.31%. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in October. Out of 5,204 patients, 89 waited over 6 weeks and 25 over 13 weeks. The majority of breaches were waiting for a CT scan (74). This is an improvement from last month when 2.30% was recorded. Trajectories for recovery against for this indicator have been received which look on track to achieve the 6 weeks standard for 99% of patients by December 2017.

The CCG has reported 1 patient waiting for longer than 52 weeks and has therefore breached the zero-tolerance threshold. The patient was waiting for treatment in Trauma & Orthopaedics at the Robert Jones and Agnes Hunt Orthopaedic Hospital. The patient was offered a date in October but declined due to work commitments. Following that, they were admitted and treated on 25th November 2017. The patient is under the care of the spinal team for correction of scoliosis and will therefore fall under specialist commissioning.

The CCG are failing 2 of the 9 cancer measures year to date. One 2-week measure, waits for first outpatient appoints for patients urgently referred with breast symptoms, 90.47% and two-month maximum wait from urgent GP referral to first definitive treatment, 84.4%. Aintree failed 4 of the 9 cancer measures year to date. Firstly 2-week breast in October recorded 90.88% year to date, 62 day upgrade year to date 82.23%, 62 day screening recording 87.36% year to date and lastly the 62 day standard recording 83.21% year to date. The Trust has actions in place to improve performance.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are reporting under target for October at 17.9% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has fallen since September, at 92% (England average 96%). The proportion who would not recommend is higher than last month at 42%, which is double the England average.

Performance at Month 7 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1m/-3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£156k/0.5%.

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding.

For smoking at time of delivery the CCG is again above the data coverage plan of 95% at quarter 2, but currently above the national ambition of 11% for the percentage of maternities where mother smoked, the ambition will be 6% by the end of 2022.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% October plan agreed with NHS Improvement recording performance with 84.41% (for all A&E department types) in October 2017. Improvements were achieved in 2 of the 5 clinical indicators with a 0.43% improvement for unplanned re-attendances down to 7.87% against a target of 5%. The time to see 1st clinician has remained at 96 minutes against the 60-minute clinical quality indicator. The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. The new data is being analysed and will be available in November.

The number of 111 calls in October from South Sefton has risen to 2,079 in October from 1,783 reported in September, an increase of 296 calls.

The number of calls from South Sefton patients to the GP OOH service has risen slightly in October to 903. When compared to the same point in the previous year, there have been 530 more calls so far in the first 7 months of 2017/18, an increase of 8.3%. GP OOH calls from nursing

homes within South Sefton have reduced in October to 57. When compared to the same point in the previous year, the first 7 months of 2017/18 have received 193 more calls to nursing homes, an increase of 80.8%.

The CCG achieved their C.difficile plans for October. Aintree had 4 new cases reported in October (42 year to date) against a year to date plan of 27. The CCG and Aintree recorded one case of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18 but had no new cases in October. NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG. In September there were 8 cases bringing the year to date total to 82 which is over the 77 year to date plan. There are no targets set for Trusts at present

There are a total of 93 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 93, 69 apply to South Sefton patients. 24 are attributed to Aintree University Hospitals NHS Trust. 33 were reported by Mersey Care. Zero Never Events in month, with 1 YTD. 1 incident was closed in month (46 YTD). 38 remain open on StEIS for > 100 days for South Sefton patients.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Aintree hospital decreased slightly in October to 24 from 29 reported in September. Analysis of average delays in October 2017 compared to October 2016 shows a slight decrease in the average number of patients from 25 to 24. The average number of delays per day at MerseyCare increased slightly to 41 in October. Analysis of average delays in October 2017 compared to October 2016 shows them to be lower by 1.

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family response rate target way in excess of the regional and national response rates for A&E but has fallen under the 15% plan in October. The percentage of people that would recommend A&E is lower than the England average again reporting 82% in October. The not recommended percentage is at 12% in September which is lower than the previous month (11%).

Performance at Month 7 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £935k/3.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£101k/-0.4%. Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 7 with a year to date variance of £934k/4% and £376k/33% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£233k/13%.

Mental Health

Two out of the three of the CPA mental health measures were achieved in October. CPA Follow up 2 days (48 hours) for higher risk groups failed the target reporting 66.7% in October (1 breach out of 3). The provider states that this is due to a patient being discharged to prison therefore should be exempt, but still flags up on the system.

The CCG has a target to reduce Out of Area Placements by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is August to October 2017 where 20 OAP's were reported, an

improvement on the last reporting period of 23. The CCG is therefore currently in line with the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 294 South Sefton patients entering treatment in Month 7, which is an increase from the previous month when 289 were reported. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only. The access rate for Month 7 was 1.21% and therefore failed to meet the standard.

There were 416 Referrals in Month 7, which was a 9.8% increase compared to the previous month when there were 379. Of these, 69.2% were Self-referrals which is an increase from the previous month (64.4%). GP Referrals were slightly lower than the previous month with 71 compared to 76 for Month 6. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 45.9% in Month 7, which is a decrease from 49.5% for the previous month, and failing to meet the target of 50%.

Cancelled appointments by the provider saw an increase in Month 7 with 73 compared to 60 in Month 6. The Trust stated this was due to staff sickness.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in October 2017 of 67.52% which has met the national dementia diagnosis ambition of 66.7%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and a target of 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75 out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%.

Community Health Services

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards. An information sub group has been established and the group has now met on several occasions. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and issues with actions to be taken were discussed.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. For patient DNAs, Sefton Physio Service continues to report high rates with 13.5% in October, although this is an improvement on 23.8% reported last month. Adult Dietetics also continues to report high rates at 14.6% in October, another improvement from 17.8% in September.

Provider Cancellation Rates: Treatment Rooms is reporting 6% in October, showing a slight increase in the percentage of cancellations from September when 5.9% was reported. Adult dietetics is showing a 6.4% cancellation rate, a slight improvement from 6.7% reported in September.

Patient Cancellation Rates: Treatment rooms, Podiatry, Physio, Diabetes and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for October and show no sign of improvement.

The CCG has new plans for Children Waiting More than 18 weeks for a Wheelchair for each quarter of 2017/18; the plans set out to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. The CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1 and Q2.

Primary Care

In October, Eastview Surgery was inspected by the CQC and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and 'Well Led'.

Better Care Fund

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

2. Financial Position

2.1 Summary

This report focuses on the financial performance of South Sefton CCG as at 30 November 2017.

The year to date financial position is a deficit of £2.500m. This represents a deterioration against the planned deficit of £0.250m. The full year forecast is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan indicates that there is a risk to delivery of the forecast outturn position.

The cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

Cost pressures have emerged in the first eight months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Cost pressures in respect of pass through payments for PbR excluded drugs and devices
- Full year costs for the Acute Visiting Scheme
- The CCG is experiencing pressures within its continuing healthcare budgets
- Over performance at Spire and Ramsay hospitals
- Costs for referral management and prior approval services, currently agreed on a non-recurrent basis.

The forecast cost pressures are supported by underspends in the acute commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust.

QIPP savings anticipated for the first eight months of the financial year have not been delivered in full meaning that delivery of the CCG financial plan is at risk. QIPP opportunities in the current financial year are reduced as a result of the Acting as One contract agreement. This agreement protects the CCG against contract over performance but also limits the CCG's potential to deliver efficiency savings in the secondary care sector.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓

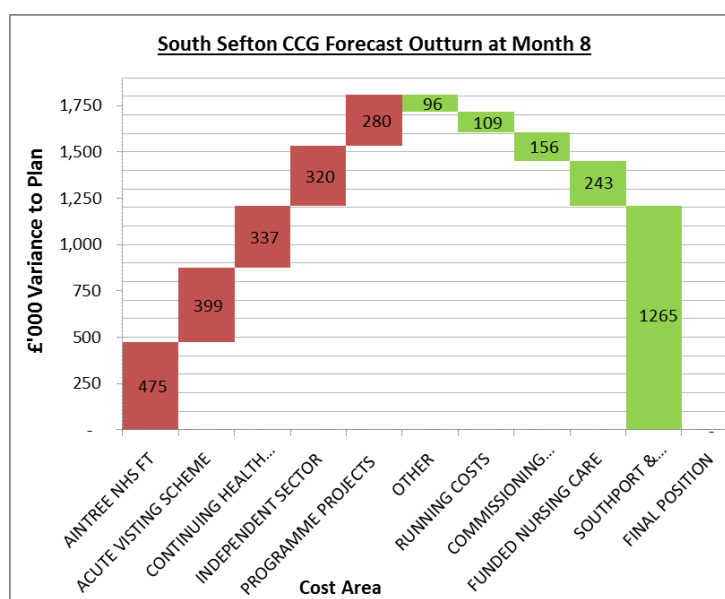
Key Performance Indicator		This Month
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£1.136m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.93%
	NHS – Volume YTD > 95%	97.13%
	Non NHS - Value YTD > 95%	97.14%
	Non NHS – Volume YTD > 95%	96.08%

- The CCG will not achieve the NHS England business rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The current financial plan is to achieve a break even position in year; this is the best case scenario and is dependent on delivery of the QIPP plan of £8.480m in full.
- QIPP Delivery is £1.136m to date; this is £4.228m behind the planned delivery at Month 8.
- The forecast expenditure for the Running Cost budget is below the allocation by £0.109m for 2017/18.
- BPPC performance is above the 95% target in all areas for the year to date.

2.2 CCG Financial Forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven based on delivery of the 2017/18 QIPP target in full.
- The main financial pressures relate to the Independent Sector, Aintree NHS Foundation Trust, Independent Sector, Acute Visiting Scheme, Continuing Healthcare, and Programme Project costs.
- The forecast overspends relate to the following areas:
 - Overspend for PbR excluded drugs and devices
 - Full year costs for the Acute Visiting Scheme (AVS)
 - Cost pressures relating to Continuing Healthcare packages
 - Over performance at Spire and Ramsay hospitals
 - Costs for referral management and prior approval services.
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust.

2.3 Provider Expenditure Analysis – Acting as One

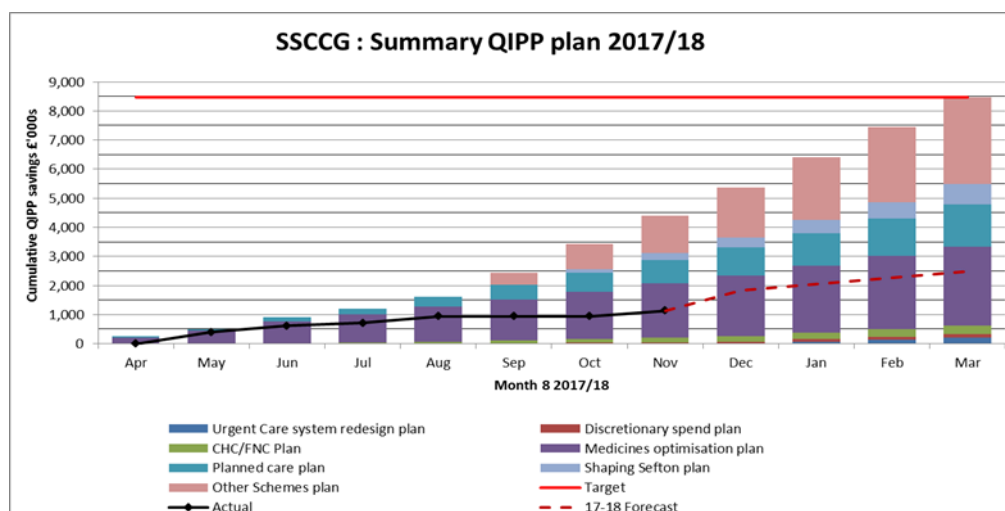
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.507
Alder Hey Children’s Hospital NHS Foundation Trust	-£0.107
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women’s NHS Foundation Trust	-£0.395
Liverpool Heart & Chest NHS Foundation Trust	-£0.011
Royal Liverpool and Broadgreen NHS Trust	£0.448
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.086
Grand Total	£0.357

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent a year to date overspend of £0.357m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,415	0	319	2,734
CHC/FNC plan	281	0	281	0	0	281	281
Discretionary spend plan	100	30	130	30	0	100	130
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	2,700	300	3,000	0	0	3,000	3,000
Total QIPP Plan	8,150	330	8,480	2,486	0	5,994	8,480
QIPP Delivered 2017/18				(1,136)		0	(1,136)

- The opening QIPP plan for 2017/18 was **£5.880m** Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including planned £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. Options to identify and prioritise projects to generate further savings were discussed at the Governing Body development session in December. Further work will continue over the remainder of the financial year.
- The CCG has identified £1.136m QIPP savings at Month 8, the majority of this relates to savings within the prescribing budget.
- The risk rated QIPP plan demonstrates that although there are a significant number of schemes in place, ongoing focus is required to determine whether schemes will continue to deliver and to assess risk of non-delivery.
- The forecast QIPP delivery for the year is **£2.486m** which represents 100% of schemes rated Green. A high proportion of the plan remains rated red. Further work is required to provide assurance that additional savings can be delivered.

2.5 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(3.329)	(5.151)	(8.480)
Revised surplus / (deficit)	(3.329)	(5.151)	(8.480)
Forecast Outturn (Operational budgets)	3.218	(3.276)	(0.058)
Reserves Budget	0.000	0.058	0.058
Management action plan			
QIPP Achieved	0.736	0.400	1.136
Remaining QIPP to be delivered	2.593	4.751	7.344
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	3.218	(3.218)	0.000

- The CCG forecast financial position is breakeven.
- The underlying position is a surplus of £3.218m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£8.480m**.

Figure 6 – Risk Adjusted Financial Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(7.344)	(7.344)	(7.344)
Predicted QIPP achievement	5.501	1.350	0.122
Forecast Surplus / (Deficit)	(1.901)	(6.052)	(7.524)
Further Risk	(2.051)	(2.265)	(3.359)
Management Action Plan	3.952	3.868	2.374
Risk adjusted Surplus / (Deficit)	-	(4.449)	(8.509)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£4.449m** and assumes that QIPP delivery will be £2.486m in total with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£8.509m** and assumes reduced QIPP delivery, additional risks in respect of elective activity and winter pressures.

2.6 CCG Cash Position

Figure 7 – Summary of working capital

	2016/17	2017/18							
	M12	M1	M2	M3	M4	M5	M6	M7	M8
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	14	14	14	14	14	14	14	14	14
Receivables	1,817	3,004	1,695	1,508	1,922	1,630	2,918	2,313	1,934
Cash	139	1,826	3,909	4,948	2,579	4,276	2,609	3,836	1,841
Payables & Provisions	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)	(13,318)	(13,819)	(14,686)	(13,231)
Value of debt > 180 days old (6months)	76	75	75	75	75	74	87	140	136
BPPC (value)	98%	100%	100%	100%	99%	99%	100%	100%	100%
BPPC (volume)	96%	97%	96%	95%	93%	96%	96%	96%	97%

- The non-current asset (Non-CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old stands at £136k, consisting of outstanding CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. The Trust has recently responded to correspondence from the CCGs Chief Finance Officer outlining the Trusts' reasons for disagreement with the CCGs assessment. This is being worked through by CCG officers. The remaining outstanding debt over 6 months old (£63k) relates to LQC reclaim invoices which are expected to be cleared.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £241.140m at Month 8. The actual cash utilised at Month 8 was £163.407m which represents 67.8% of the total allocation. The balance of MCD to be utilised over the rest of the year is £77.733m.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed on a monthly basis.

2.7 Recommendations

The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is a deficit of £2.500m, which is a deterioration against the planned deficit of £0.250m. The forecast position is breakeven, which is dependent on recovery of this position in the remainder of the financial year. This represents the CCGs

best case scenario, however, there are risks to the delivery of the QIPP plan and the CCGs most likely case scenario forecast is a deficit after risks and mitigations of £4.449m.

- The year to date planned QIPP savings for the first eight months of the financial year (£5.363m) have not been achieved. Delivery at month 8 is £1.136m, therefore at this stage; the CCG is below its financial plan.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide limited clinical benefit for patients.
- The Governing Body must consider further review of cost savings in order to develop a robust contingency plan to meet its statutory financial duty for the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCGs resources.

3. Planned Care

3.1 Referrals by source

Figure 8 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18

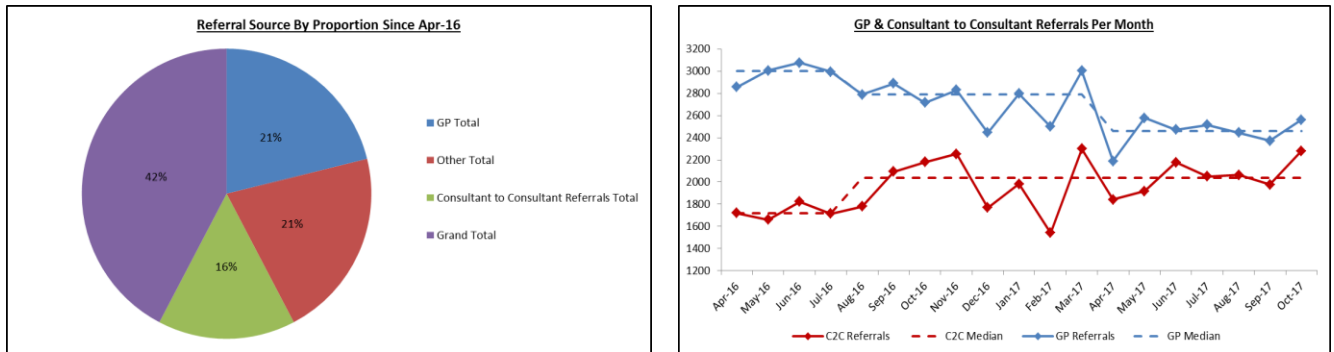


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18								2016/17 YTD	2017/18 YTD	YTD Variance	YTD %	Grand Total
			Apr	May	Jun	Jul	Aug	Sep	Oct						
GP	3	referral from a GENERAL MEDICAL	2,188	2,578	2,471	2,515	2,444	2,371	2,562	20,331	17,129	-3,202	-16%	51,032	
GP Total			2,188	2,578	2,471	2,515	2,444	2,371	2,562	20,331	17,129	-3,202	-16%	51,032	
Other	1	following an emergency admission	270	226	256	231	270	258	294	3,430	1,805	-1,625	-47%	6,917	
	2	following a Domiciliary Consultation	1	0	1	2	1	0	0	5	5	0	0%	12	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk in Centres)	277	289	273	295	259	314	352	1,910	2,059	149	8%	5,239	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,332	1,563	1,448	1,461	1,312	1,529	7,072	9,845	2,773	39%	23,438	
	6	self-referral	189	178	167	145	152	152	184	956	1,167	211	22%	2,993	
	7	referral from a Prosthetist	0	0	1	0	0	0	0	2	1	-1	-50%	4	
	8	Other	27	41	46	41	50	56	49	282	310	28	10%	763	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk in Centres)	35	11	24	14	17	19	32	162	152	-10	-6%	415	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	59	56	73	73	386	441	55	14%	1,094	
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	0	2	3	0	3	4	3	6	15	9	150%	29	
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6	0	28	20	-8	-29%	67	
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	1,060	677	-383	-36%	2,177	
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	647	642	-5	-1%	1,677	
	16	referral from an Orthoptist	1	6	2	2	4	4	1	29	20	-9	-31%	59	
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	445	299	-146	-33%	1,023	
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	277	245	-32	-12%	708	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	180	269	245	256	217	264	1,844	1,600	-244	-13%	4,505		
	Unknown	Unknown	0	1	0	0	1	0	0	8	2	-6	-75%	22	
Other Total			2,489	2,614	2,911	2,729	2,815	2,662	3,085	18,549	19,305	756	4%	51,142	
Consultant to Consultant Referrals Total			1,842	1,918	2,178	2,049	2,064	1,976	2,280	12,965	14,307	1,342	10%	37,115	
Grand Total			4,677	5,192	5,382	5,244	5,259	5,033	5,647	38,880	36,434	-2,446	-6%	102,174	

A significant decrease in referrals occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average; however this was followed by three consecutive monthly

decreases in activity. Referrals in September 2017 were consistent with the overall average but this has been followed by a rise in October 2017, which has resulted in a peak for the year to date, with Aintree being the main protagonist for this increase. With further analysis, T&O appears to be the cause of this increase along with other minor increases across numerous specialties.

GP referrals in 2017/18 to date are 16% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to: Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant-to-consultant referrals are currently 10% higher when compared to 2016/17, with General Medicine and Clinical Physiology seeing substantial increases.

A Referral Optimisation and Support System (ROSS) is being developed for South Sefton following engagement with members on approaches to elective demand management. Key work-streams include offer of Advice and Guidance services as an alternative to referral and promotion of pathways and protocols visible on the EMIS Clinical system through EMIS Protocols functionality.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

3.1.1 E-Referral Utilisation Rates

Figure 10 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - October	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	21.00%	↓

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data (October) for E-referral Utilisation rates reported for the CCG as a whole is 21%; down by 2% from September.

Aintree Hospital is undergoing a Paper Switch off Programme with NHS Digital which will be fully implemented by August 2018. This is supported by:

- CQUIN in relation to all services being available on the Electronic Referral System (e-RS) and appointment slot issues being minimised through alignment of appointment polling ranges with waiting times at a specialty level
- Relaunch and training on e-RS with general practices
- Communications Plan

In addition, practice level E-referral uptake reports are being developed to identify practices who may require some extra support being offered by the national NHS Digital E-referral implementation team.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - October	1.00%	2.60%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - October	1.00%	1.70%	↓

The CCG failed the under 1% of patients waiting over 6 weeks for a diagnostic test in October. Out of 2,795 patients, 73 waited over 6 weeks and 35 waited over 13 weeks. The majority of breaches were for colonoscopy (37), CT scan (32) and gastroscopy (28). This is an improvement on last month when the CCG recorded 3.31%. Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, with 23.4% in October, a further increase in long waiters compared to 22.85% reported in August. The biggest pressure is in Colonoscopy with the Trust reporting a total of 1,330 patients waiting over 6 weeks.

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in October. Out of 5,204 patients, 89 waited over 6 weeks and 25 over 13 weeks. The majority of breaches were waiting for a CT scan (74). This is an improvement from last month when 2.30% was recorded. Trajectories for recovery against for this indicator have been received which look on track to achieve the 6 weeks standard for 99% of patients by December 2017.

Endoscopy has continued to experience some pressures during October with long term Consultant and Nurse Endoscopist sickness absence. The overall number of patients waiting over 6 weeks however has remained static. Additional activity continues through waiting list initiatives and PA sessional rates. The department has continued to prioritise cancer and urgent referrals.

Proposed Actions:

- Additional WLI activity continues to support the recovery of performance. This has improved the position during October and the required standard is predicted to be achieved in Q3.
- 1st Agency consultant locum was in post for a period of 2 weeks during September and a second locum consultant was in post for 2 weeks in October. This was discontinued due to clinical safety concerns. Locum Consultant support is being requested via the Trust Agency.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- The substantive CBM has commenced during September, the substantive ACBM has been recruited to and is due to commence in post in January 2018.
- Unisoft Scheduler has been implemented during the latter part of October and the reporting functionalities are being explored to allow closer scrutiny of slot utilisation and management of DNA rates.
- Endoscopy recovery meetings chaired by the DDO commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.
- Additional managerial support is being sought to support the CBM in the management of Endoscopy services to bridge the gap in the recruitment process for the ACBM and to support the CBU during the Trust merger FBC completion phase.

Forecast for improvement			
Q1	Q2	Q3	Q4

Radiology continues to experience considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity.

Following validation by the Clinical Teams, there has been a reduction in the number of patients waiting greater than 6 weeks:

- MR wait has dropped from 5.4% to 2.1%
- CT Wait over 6 weeks has increased from 4.2% to 6.0% which is in line with fluctuating demand. There is funded capacity for 9 scans per week, with a weekly average of 25 referrals being received

Proposed Actions:

- Continue with weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity.
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. The Cardiology CD has verified CT referrals and reduced the backlog by 35%. The increase in CT cardiac referral was reviewed and is directly linked to several practice changes, including referral processes to tertiary services.
- Mobile MR Van has been arranged to come on site to provide Cardiac Imaging to clear the backlog. Availability is limited.
- Recovery action plan written by DDO Support Services is in place, with the priority being the reduction of current demand with extra capacity in the first instance.
- Radiology/Cardiology Meeting took place on 13-10-17 to take forward the recovery plan.
- Radiology, Cardiology and NHSE meeting was held on 6-11-17 to discuss potential solutions to manage increased demand. NHSE have agreed to benchmark with other Trusts.
- Costs for additional sessions have now been identified for a long-term solution if demand cannot be reduced. Options for redeploying resource have been explored but will not cover full cost; therefore focus on demand reduction remains a priority.

Forecast for improvement:			
Q1	Q2	Q3	Q4
	R	A	

3.3 Referral to Treatment Performance

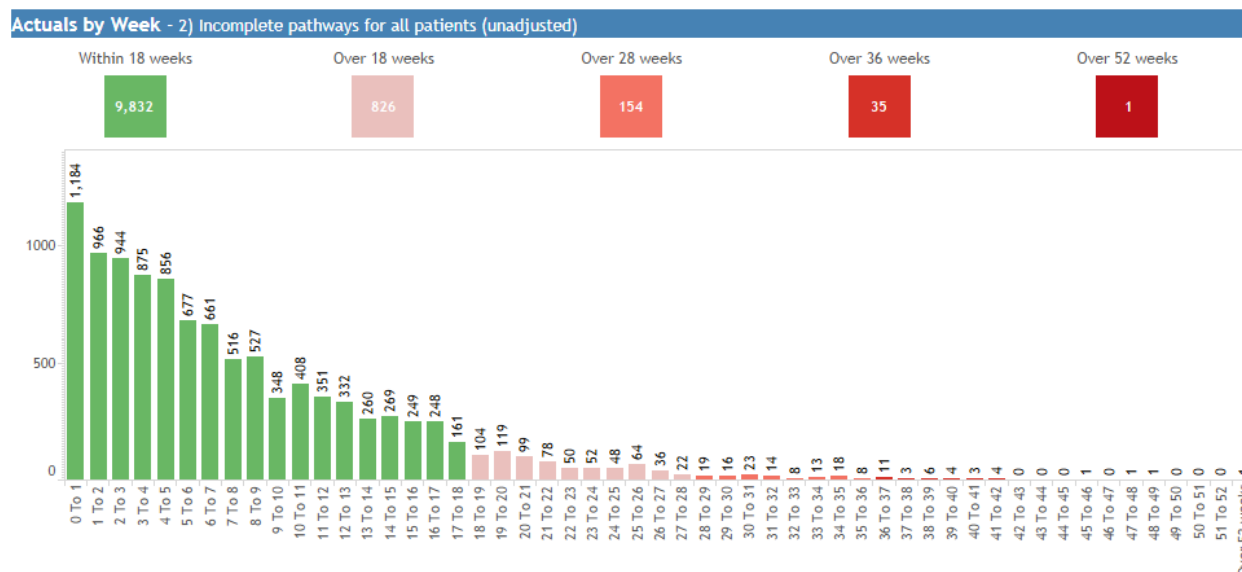
Figure 12 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - October	0	1	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - October	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - October	92%	92.20%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	17/18 - October	92%	92.1%	↔

The CCG has reported 1 patient waiting for longer than 52 weeks and has therefore breached the zero tolerance threshold. The patient was waiting for treatment in Trauma & Orthopaedics at the Robert Jones and Agnes Hunt Orthopaedic Hospital. The patient was offered a date in October but declined due to work commitments. Following that, they were admitted and treated on 25th November 2017. The patient is under the care of the spinal team for correction of scoliosis and will therefore fall under specialist commissioning.

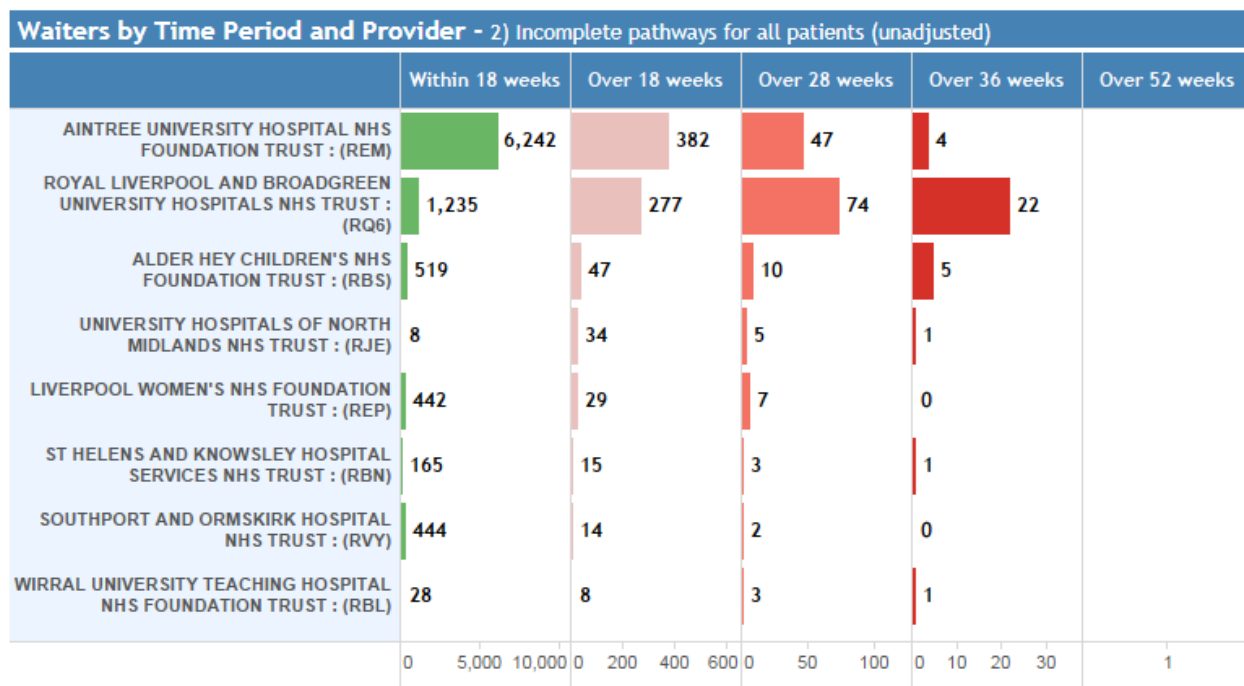
3.3.1 Incomplete Pathway Waiting Times

Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long Waiters Analysis: Top 2 Providers split by Speciality

Figure 15 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

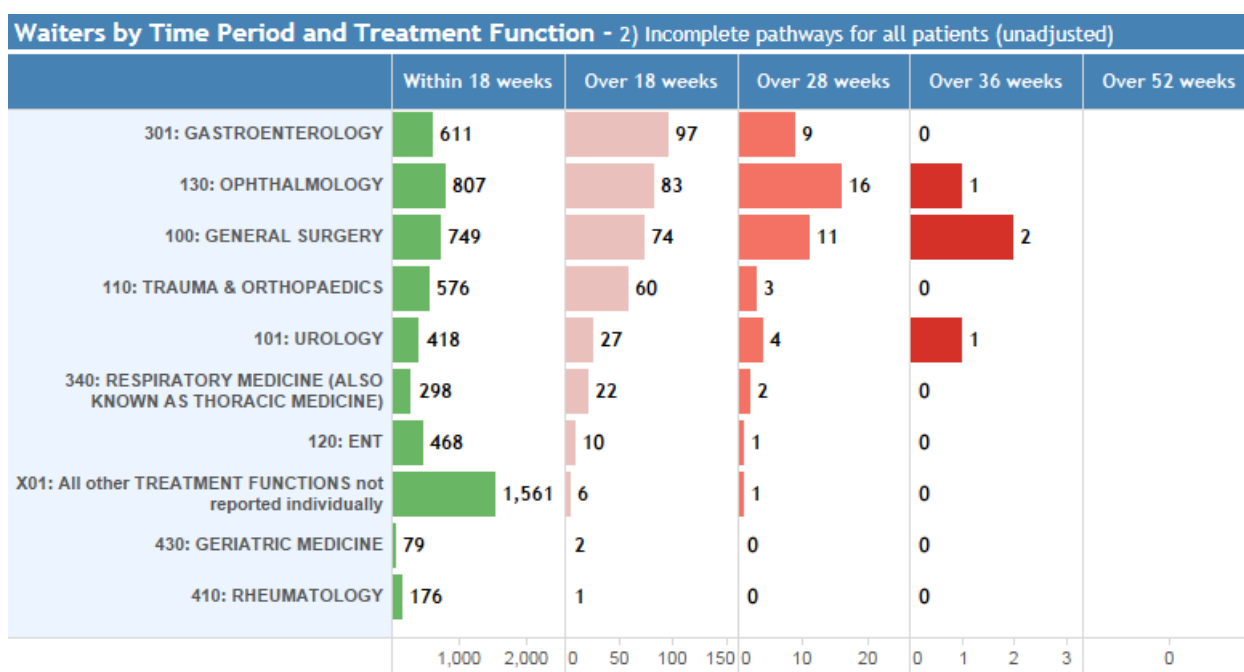
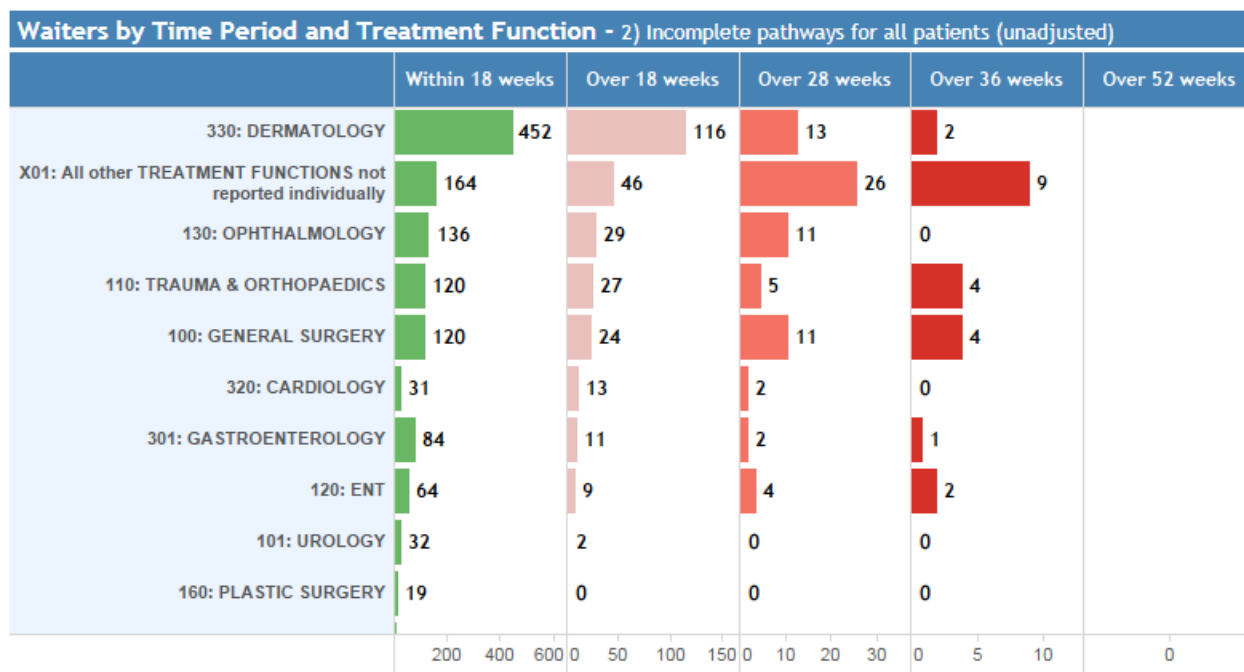


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Robert Jones	T&O	52		Patient admitted and treated on 25.11.17.	Patient was offered an October theatre date but declined due to work commitments. The patient is waiting for correction of their scoliosis under the care of the spinal team and will be coded to Specialised Commissioning
South Sefton CCG	Aintree	Ophthalmology	40	G8807267	Clock stopped 7/11/2017 - 1st treatment	There has been capacity issues within the department but an additional consultant started in November so waits will now reduce.
South Sefton CCG	Royal Liverpool	T&O	40	N84001	08/03/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	40	N84019	07/12/2017	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	T&O	41	N84034	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	T&O	41	N84003	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	ENT	41	N84020	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	T&O	45	N84034	04/12/2017	Long Wait on Waiting List
South Sefton CCG	Alder Hey	All Other	47	N84020	22/11/2017	Patient Choice as DNA Nov appointment and was therefore with the service for review.
South Sefton CCG	Alder Hey	All Other	48			The Audiology issues are mainly due to three members of the team on maternity leave at the same time and there has been some long term sickness. The staffing is back to capacity now and the Trust is trying to reduce the waits. This patient was treated at the Nov appointment.
South Sefton CCG	St Helens & Knowsley	T&O	41	N84028 N84015	22/11/2017 10/11/2017	Patient listed for surgery at week 7 of 18 week pathway. Patient was booked for surgery on 10/11 (week 44)

The Royal Liverpool & Broadgreen Hospitals Trust reported that they did not achieve the 92% incomplete Referral to Treatment (RTT) target in October (84.68%). The issues were in General Surgery (81.08%), Trauma & Orthopaedics (79.6%), Ophthalmology (80.94%), Gastroenterology (85.03%), and Dermatology (86.28%). Ophthalmology performance continues to decline. There have been a number of actions identified which will reduce demand and increase activity. Within

Dermatology, the team are working closely with commissioners; however, the decline in performance is as result of service closures across the city. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Figure 18 – Aintree Cancelled Operations

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	17/18 - October	0	0	1 ↔

3.4.2 No urgent operation to be cancelled for a 2nd time

Figure 19 – Aintree Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	17/18 - October	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - October	93%	93.37%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - October	93%	94.53%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - October	93%	90.47%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	17/18 - October	93%	90.88%	↔

The CCG achieved the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in October, with 95.77%. However it is currently failing year to date at 90.47% due to lower rates in May, June and July. In October there were 3 breaches out of a total of 71 patients.

Aintree also achieved the 93% breast target for October reaching 93.03%, but failed year to date (90.88%). Out of 201 patients there have been 14 breaches year to date. The majority of breaches were due to patient choice.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this may reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - October	96%	98.22%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - October	96%	97.82%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - October	94%	97.50%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - October	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - October	94%	95.60%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - October	94%	94.06%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - October	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - October	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - October	85% local target	89.87%	↔
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	17/18 - October	85% local target	82.23%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - October	90%	96.49%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - October	90%	87.36%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - October	85%	84.44%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - October	85%	83.21%	↔

Aintree failed the local 85% target in October for 62 day wait for definitive treatment following consultant's decision to upgrade, recording 80% and also failed year to date (82.23%). In October the equivalent of 3.5 out of 17 patients breached the target. Reasons for breaches include complex diagnostic pathways, patient choice and lack of capacity. Currently upgrades are lower than in the previous 3 months which will also impact on performance.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints to the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Operations.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- Propose the recovery formulated in collaboration with Diagnostics, Surgery and Specialist Medicine.

Aintree failed the 90% target for 62 day screening in October with 1 patient breach out of a total of 7 patients - recording 85.71%. The Trust is also failing year to date, reaching 87.36%, partly due to previous breaches.

Aintree also failed the 85% target in September for 2 month wait from urgent GP referral to first definitive treatment recording 81.97%, and are still failing year to date with 83.21%. In October, the equivalent of 9 breaches out of a total of 61 patients occurred.

Main reasons for breaches include:

- patient choice, equipment failures, capacity in theatres, clinical priority of other patients, complex pathways (patients not fit for treatment) and delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting.

Actions:

- Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which may be preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting.
- Continued tracking by the central Cancer team to support performance improvement in the tumour groups. Early escalations of issues to Divisional Directors of Operations.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group and via Datix reporting.
- Daily Performance meetings continue with escalation to the Divisional Directors as required and twice weekly performance meetings with relevant CBMs.
- Continue with the recovery plan developed in conjunction with Diagnostics, Surgery and Specialist Medicine.
- Assess the impact of theatre refurbishment on activity and to ensure effective use of all available theatre lists for Urology and Head & Neck.

3.6 Patient Experience of Planned Care

Figure 23 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Oct-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	17.9%		96%	92%		2%	4%	

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are reporting under target for October at 17.9% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has fallen since September, at 92% (England average 96%). The proportion who would not recommend is higher than last month at 42%, which is double the England average.

Plans are in place for the Trust to present an update on their FFT and patient experience later in the year to the CCG Engagement and Patient Experience Group (EPEG).

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 7 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1m/-3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£156k/0.5%.

At specific over performing Trusts, Spire Liverpool are reporting the largest cost variance with a total of £85k/20% followed by Royal Liverpool (£87k/3%).

Figure 24 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	105,015	103,221	-1,794	-2%	£18,255	£17,517	£-738	-4%	£738	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	8,078	8,244	166	2%	£1,016	£951	£-65	-6%	£65	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	713	840	127	18%	£243	£272	£29	12%	£-29	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	9,395	8,537	-858	-9%	£1,784	£1,625	£-160	-9%	£160	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	18,204	19,574	1,370	8%	£3,052	£3,139	£87	3%	£-87	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,831	1,798	-33	-2%	£588	£498	£-91	-15%	£91	£0	0.0%
ACTING AS ONE TOTAL	143,237	142,214	-1,023	-1%	£24,939	£24,001	£-938	-4%	£938	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	50	148	98	195%	£13	£29	£16	130%	£0	£16	130%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	130	130	0%	£0	£19	£19	0%	£0	£19	#DIV/0!
FAIRFIELD HOSPITAL	114	94	-20	-17%	£31	£24	£-6	-20%	£0	£-6	-20%
ISIGHT (SOUTHPORT)	299	328	29	10%	£69	£62	£-7	-10%	£0	£-7	-10%
RENACRES HOSPITAL	3,684	3,600	-84	-2%	£1,035	£1,065	£30	3%	£0	£30	3%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	8,962	7,634	-1,328	-15%	£1,669	£1,329	£-340	-20%	£0	£-340	-20%
SPIRE LIVERPOOL HOSPITAL	1,401	1,670	269	19%	£435	£520	£85	20%	£0	£85	20%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,151	2,637	486	23%	£598	£561	£-37	-6%	£0	£-37	-6%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	317	600	283	90%	£81	£140	£59	72%	£0	£59	72%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	64	97	33	51%	£10	£19	£9	97%	£0	£9	97%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	62	62	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	271	193	-78	-29%	£72	£47	£-25	-35%	£0	£-25	-35%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	694	889	195	28%	£284	£319	£35	12%	£0	£35	12%
ALL REMAINING PROVIDERS TOTAL	18,006	18,082	76	0%	£4,298	£4,142	£-156	-4%	£0	£-156	-4%
GRAND TOTAL	161,243	160,296	-947	-1%	£29,237	£28,143	£-1,094	-3.7%	£938	£-156	-0.5%

*PBR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 25 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	8,547	7,432	-1,115	-13%	£5,088	£4,826	£-262	-5%
Elective	1,190	955	-235	-20%	£3,373	£2,889	£-484	-14%
Elective Excess BedDays	391	214	-177	-45%	£95	£51	£-43	-46%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	257	130	-127	-49%	£54	£30	£-24	-45%
OPFANFTF - Outpatient first attendance non face to face	1,461	2,093	632	43%	£41	£55	£13	32%
OPFASPCL - Outpatient first attendance single professional consultant led	19,255	18,156	-1,099	-6%	£3,026	£2,964	£-62	-2%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	834	546	-288	-35%	£70	£55	£-15	-22%
OPFUPNFTF - Outpatient follow up non face to face	1,891	5,150	3,259	172%	£46	£124	£79	172%
OPFUPSPCL - Outpatient follow up single professional consultant led	48,414	45,152	-3,262	-7%	£3,336	£3,241	£-95	-3%
Outpatient Procedure	13,640	13,899	259	2%	£1,803	£1,815	£12	1%
Unbundled Diagnostics	8,278	8,545	267	3%	£668	£749	£81	12%
Wet AMD	856	949	93	11%	£654	£717	£63	10%
Grand Total	105,015	103,221	-1,794	-2%	£18,255	£17,517	£-738	-4%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 7 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face activity is focussed particularly within Ophthalmology, Dermatology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £81k/12% against plan. This is closely followed by Wet AMD (£63k/10% above plan at month 7).

Cardiology is showing the largest cost variance at month 7 (£576k/66.5%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Trauma & Orthopaedics is under performing by £619k/18.8% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £738k/4% down against plan at month 7. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 10 specialties in terms of cost variances against plan at month 7:

Figure 26 - Planned Care - Aintree University Hospital NHS Foundation Trust Variance from plan by Specialty and by POD

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	673	£553,893	6	£20,096	41	£9,832	156	(£8,038)	170	(£34,835)	308	£35,702	1,355	£576,649
Geriatric medicine	3	(£711)	1	(£9,023)	-7	(£1,560)	221	£60,732	379	£51,159	7	£833	603	£101,430
Acute internal medicine	2	(£52)	-1	(£3,767)	-12	(£2,741)	889	£95,280	45	£5,016	-51	(£7,252)	873	£86,483
Colorectal surgery	-28	(£9,376)	-5	£118,707	-192	(£45,227)	-33	(£11,219)	223	£11,562	25	£3,272	-10	£67,719
Nephrology	10	£2,983	-1	£303	-1	(£180)	258	£68,803	-154	(£17,403)	9	£952	120	£55,458
Physiotherapy							-190	(£9,199)	1,342	£44,109	1	£33	1,153	£34,943
Rheumatology	28	£7,810	-3	(£1,795)	-6	(£1,561)	27	£7,009	290	£21,536	-25	(£6,446)	312	£26,554
Respiratory medicine	-19	(£3,256)	-14	(£14,858)	4	£939	29	£21,924	100	(£2,208)	133	£22,883	233	£25,426
Transient ischaemic attack							143	£43,391	-21	£0	-146	(£18,520)	-25	£24,871
Ent	-18	(£16,600)	-12	(£22,159)			-31	(£3,789)	24	£1,513	541	£59,694	504	£18,659
Vascular surgery	-1	£4,340	1	£1,675			-68	(£13,110)	-22	(£1,790)	-7	(£863)	-97	(£9,748)
Cardiothoracic surgery							-6	(£2,231)	-62	(£9,368)	-1	(£180)	-69	(£11,780)
Clinical haematology	-461	(£66,305)	-12	(£14,850)	-34	(£9,480)	-99	(£24,981)	523	£59,238	3	£691	-80	(£55,688)
Anticoagulant service									-2,982	(£76,823)			-2,982	(£76,823)
General surgery	-63	(£82,615)	-26	(£39,318)	0	£53	-58	(£9,780)	-131	(£9,491)	-5	(£691)	-282	(£141,843)
Dermatology	-43	(£21,757)					-483	(£66,675)	321	(£10,229)	-558	(£52,712)	-762	(£151,374)
Urology	-143	(£36,369)	-30	(£73,182)	31	£6,976	-393	(£57,837)	-96	(£5,890)	-154	(£27,565)	-785	(£193,865)
Ophthalmology	-316	(£238,540)	1	£1,289	4	£1,118	-294	(£43,041)	1,045	£12,099	578	£57,440	1,019	(£209,634)
Gastroenterology	-664	(£281,384)	-22	(£56,160)	-28	(£6,845)	-335	(£66,032)	-748	(£47,495)	-11	£1,170	-1,810	(£456,746)
Trauma & orthopaedics	-162	(£184,950)	-97	(£339,390)	24	£5,582	-183	(£28,691)	-300	(£18,316)	-428	(£53,574)	-1,146	(£619,339)
Grand Total	-1,115	(£261,784)	-235	(£483,928)	-177	(£43,491)	-594	(£73,297)	-291	(£31,509)	259	£12,142	-2,154	(£881,867)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 27 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	558	497	-61	-11%	£404	£316	£-89	-22%
Elective	117	98	-19	-17%	£329	£229	£-100	-30%
Elective Excess BedDays	20	1	-19	-95%	£7	£0	£-7	-97%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	143	77	-66	-46%	£23	£14	£-10	-42%
OPFASPCL - Outpatient first attendance single professional consultant led	1,338	1,052	-286	-21%	£220	£171	£-49	-22%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	328	181	-147	-45%	£25	£15	£-10	-40%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,850	2,399	-451	-16%	£218	£186	£-32	-15%
Outpatient Procedure	3,090	2,862	-228	-7%	£403	£361	£-42	-11%
Unbundled Diagnostics	518	467	-51	-10%	£38	£37	£-1	-2%
Grand Total	8,962	7,634	-1,328	-15%	£1,669	£1,329	£-340	-20%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 7 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date.

The largest variance against plan is within elective and day case procedures at a combined underspend of -£189k. The Trust has struggled throughout the year to achieve planned levels with staffing issues, reduced referrals the main causes.

A number of specialties across planned areas stand-out such as Urology, General Surgery and Gynaecology. Dermatology and Pain Management are also large under-performing specialties; both are having on going staffing issues. Trauma & Orthopaedics is the highest under-performing specialty against plan which is reduced across all PODs. Interestingly T&O activity has increased against plan at both main ISTC providers, Renacres and Spire.

3.7.3 Renacres Hospital

Figure 28 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	363	302	-61	-17%	£438	£342	£-95	-22%
Elective	67	99	32	47%	£319	£456	£137	43%
OPFASPCL - Outpatient first attendance single professional consultant led	750	631	-119	-16%	£120	£104	£-16	-13%
OPFUPSPCL - Outpatient follow up single professional consultant led	924	981	57	6%	£58	£62	£4	7%
Outpatient Procedure	477	225	-252	-53%	£50	£36	£-13	-27%
Unbundled Diagnostics	299	248	-51	-17%	£28	£24	£-4	-15%
Physio	804	833	29	4%	£24	£24	£1	4%
Grand Total	3,684	3,319	-365	-10%	£1,035	£1,049	£13	1%

Renacres over performance of £13k/3% is driven by a £137k/43% over performance in Electives, suggesting a continuing theme from 2016/17. The majority of this activity is within the Trauma & Orthopaedics specialty and related to very major hip and knee procedures. In contrast, day case activity is currently under performing by £-95k/-22%, which can be attributed to activity within Trauma & Orthopaedics and General Surgery, particularly major knee and shoulder procedures.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. The new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.7.4 Spire Liverpool

Spire Liverpool Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	123	184	61	50%	£174	£220	£46	26%
Elective	32	34	2	5%	£167	£181	£14	8%
OPFASPCL - Outpatient first attendance single professional consultant led	159	231	72	45%	£26	£38	£12	44%
OPFUPSPCL - Outpatient follow up single professional consultant led	847	948	101	12%	£38	£49	£11	29%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	27	36	9	34%	£1	£2	£0	35%
Outpatient Procedure	131	136	5	4%	£18	£18	£0	2%
Unbundled Diagnostics	82	101	19	24%	£10	£12	£2	21%
Grand Total	1,401	1,670	269	19%	£435	£520	£85	20%

Spire Liverpool is over performing across all PODs in 2017/18. However, total over performance of £85k/20% is driven by a £46k/26% increase in day cases. The majority of activity at Spire Liverpool is within the Trauma & Orthopaedics specialty. Urology and Pain Management have also seen increases in activity against plan. At HRG level, activity has been recorded across a number of HRGs, many against a zero plan.

3.8 Personal Health Budgets

Figure 29 - South Sefton CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52	23	56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	60	0	64	0
4) GP registered population (total number per CCG)	154916	154916	154916	154916	154916	154916	154916	154916
Rate of PHBs per 100,000 GP registered population	33.57	7.10	36.15	15.49	38.73		41.31	

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding, with the learning from Warrington CCG where this is being successfully delivered. Mersey Internal Audit Agency has recently reported further opportunities to the CCG regarding increasing the use of PHBs.

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

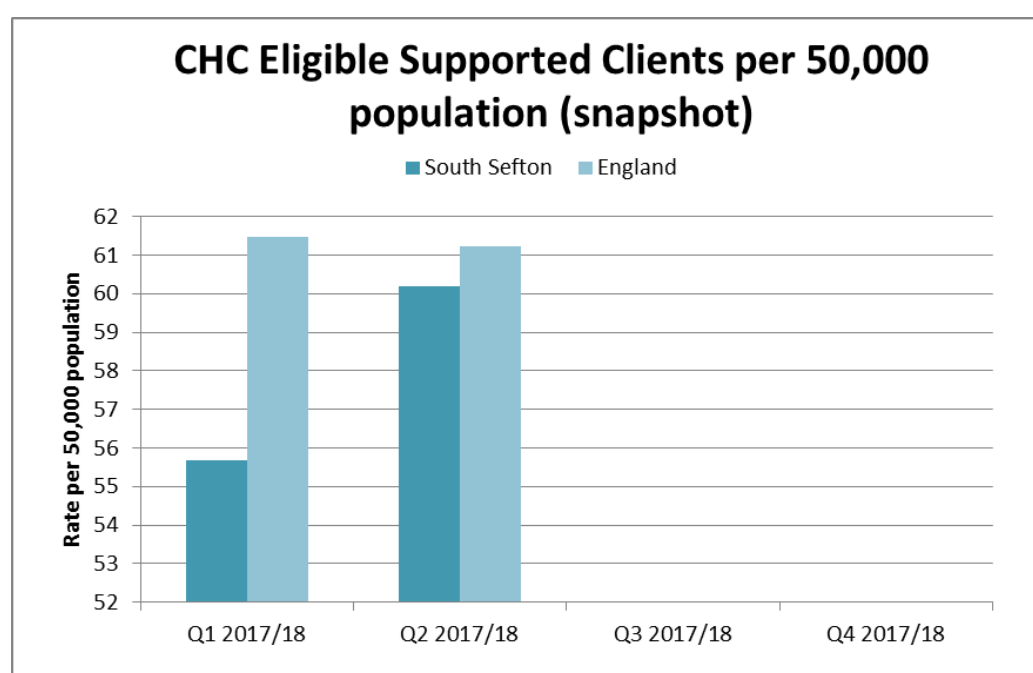


Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

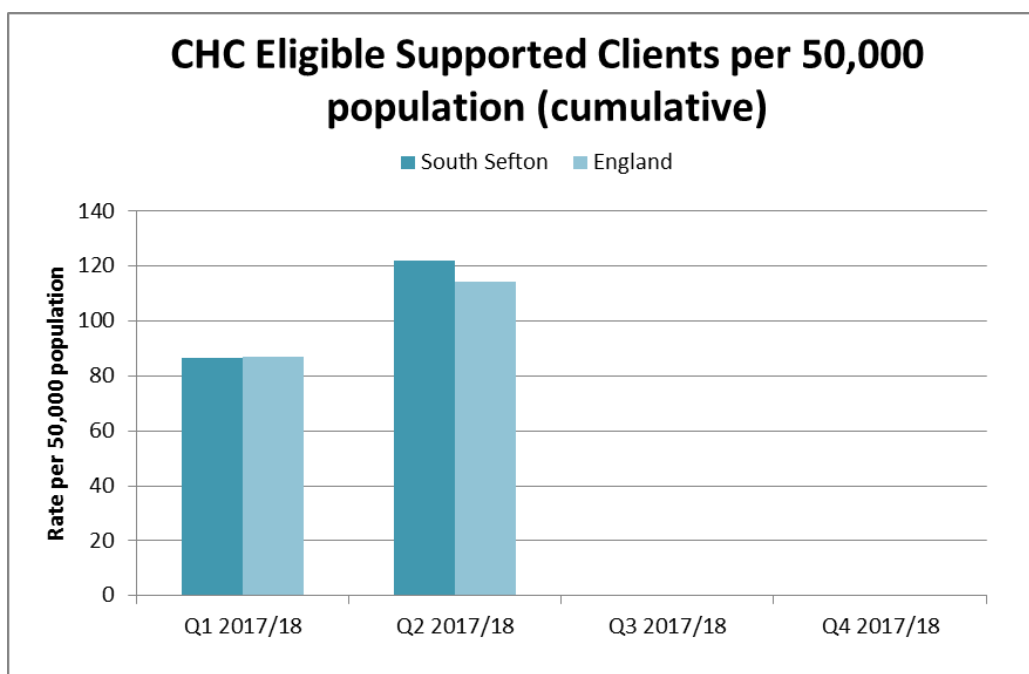
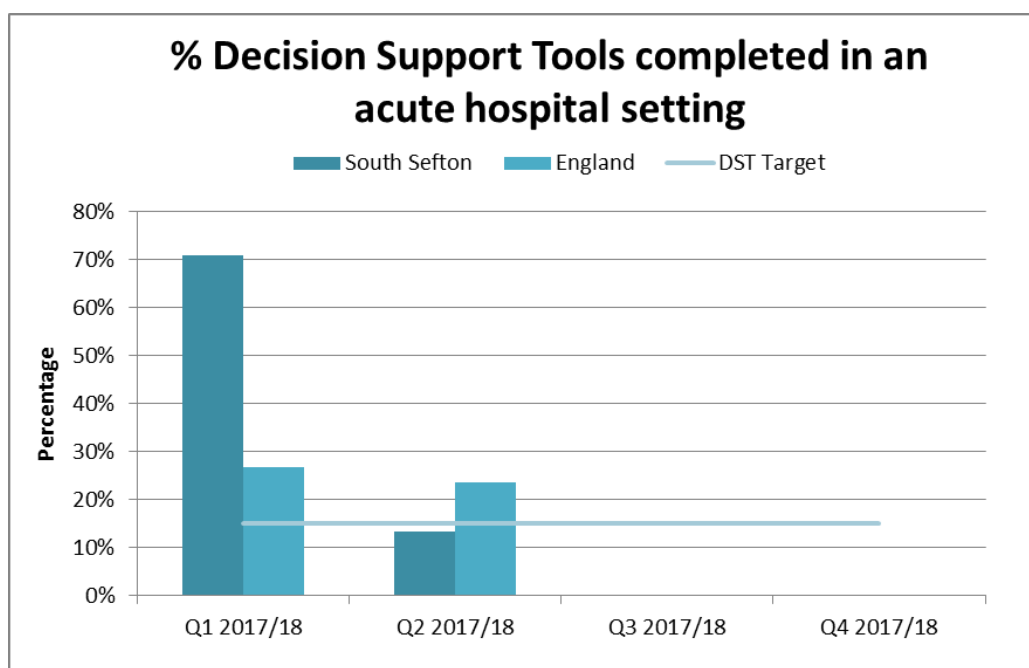


Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in South Sefton was significantly higher than the national average of 27% in Q1. Data submissions were validated to

ensure accuracy, and a significant improvement was recorded at Q2 with 13.3% occurring in an acute setting.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 33 - Smoking at Time of Delivery (SATOD)

	South Sefton			
	Actual Q1	Actual Q2	YTD	FOT
Number of maternities	367	452	819	1638
Number of women known to be smokers at the time of delivery	56	62	118	236
Number of women known not to be smokers at the time of delivery	310	389	699	1398
Number of women whose smoking status was not known at the time of delivery	1	1	2	4
Data coverage %	99.7%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	14.4%	14.4%

The CCG is again above the data coverage plan of 95% at Q2, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

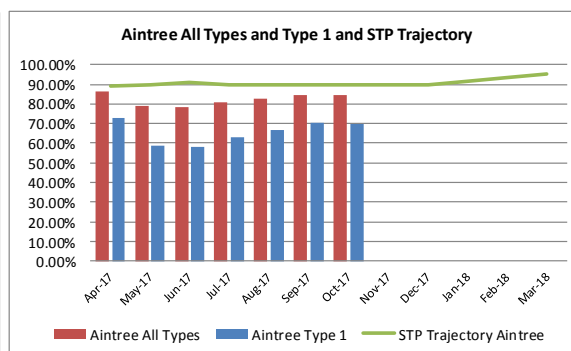
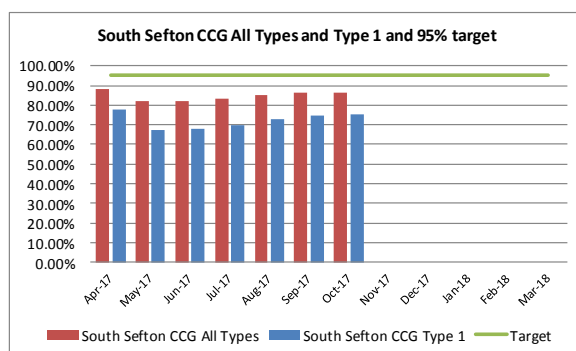
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 34 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - October	95%	84.74%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - October	95%	72.22%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - October	STP Trajectory Oct Target 90%	82.17%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - October	95%	65.64%	↑

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	82.17%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% October plan agreed with NHS Improvement recording performance with 84.41% (for all A&E department types) in October 2017. Improvements were achieved in 2 of the 5 clinical indicators with a 0.43% improvement for unplanned re-attendances down to 7.87% against a target of 5%. The time to see 1st clinician has remained at 96 minutes against the 60 minute clinical quality indicator. The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

Actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% ED performance and 75% N2H performance.
- Complete review of the medical workforce establishment and submit for consideration at BCRG. Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by EY to ensure realignment of current workforce is undertaken prior to business case completion.
- Following financial agreement for PCS, fully implement.
- NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWAS meeting 13/11 and action was for NWAS to inform the Trust of start date.
- Progress in recruitment of Acute Physicians. Interview date scheduled for January.
- Complete full ED nurse establishment review, including a dependency study within the department which will complete on 19-11-17. The findings will be fed into the review.
- ECIP and Exec led support is in place to ensure delivery of KPI's to improve quality and performance. A rapid improvement event with focus on the See & Treat area is planned for week commencing 20-11-17.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat
 - Board rounds
 - 60 minute to first clinician
 - Direct pathways to assessment areas

A Multi Agency Discharge Event (MADE) was held in early November and the formal report from this is awaited. A number of recommendations were made following the event of which 4 were classified as “urgent”;

- Half day MADE once a week, every week.
- A dedicated social worker on the Frailty Unit and Aintree to Home
- Roll out the SAFER patient flow bundle and Red2Green as soon as possible on the high traffic wards. ECIP would recommend commencing roll out on the Frailty Unit, Aintree to Home and Ward 35
- The ambulatory area within the Frailty Unit at Aintree must function at all times. The common practice of increasing the bed base within the frailty Unit must stop with immediate effect in order for the ambulatory area to function.

Figure 35 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - October	0	11	↔

Aintree had no 12 hour breaches in October. 11 have been reported year to date; 9 in May and 2 in June. Root Cause Analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first. Although ARP is now live the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

NWAS have worked closely with staff during the implementation of ARP which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWAS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWAS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents.

Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 minutes**.
- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least **9 out of 10 times within 120 minutes**.
- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least **9 out of 10 times within 180 minutes**.

Figure 36 - Previous Ambulance performance targets and new ARP Targets

CURRENT				FUTURE ARP			
 RED 1 Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 CATEGORY 1 Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified
 RED 2 Emergency Calls	47% of calls (NWS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	 CATEGORY 2 Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified
ALL RED				If conveyed, transporting vehicle stops the clock			
 GREEN 1 Emergency Care	(NWS 5%)	95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 CATEGORY 3 Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 2 Emergency Care	(NWS 29%)	NW local target 30 mins response		 CATEGORY 4 Less Urgent Calls	10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 3 Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		If conveyed, transporting vehicle stops the clock			
 GREEN 4 Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response		The new response system will: <ul style="list-style-type: none"> • Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions • Further prioritises a time critical response for the most life threatening conditions • Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted. • Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time. 			
ALL GREEN	50% of calls (NWS 56%)	No national targets (local apply)					

Figure 37 - Ambulance handover time performance

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - October	0	214	↑	The Trust recorded 214 handovers between 30 and 60 minutes, this is a decline on last month when 177 was reported and is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - October	0	173	↑	The Trust recorded 173 handovers over 60 minutes, a decline on the previous month when 173 was reported and is still breaching the zero tolerance threshold.

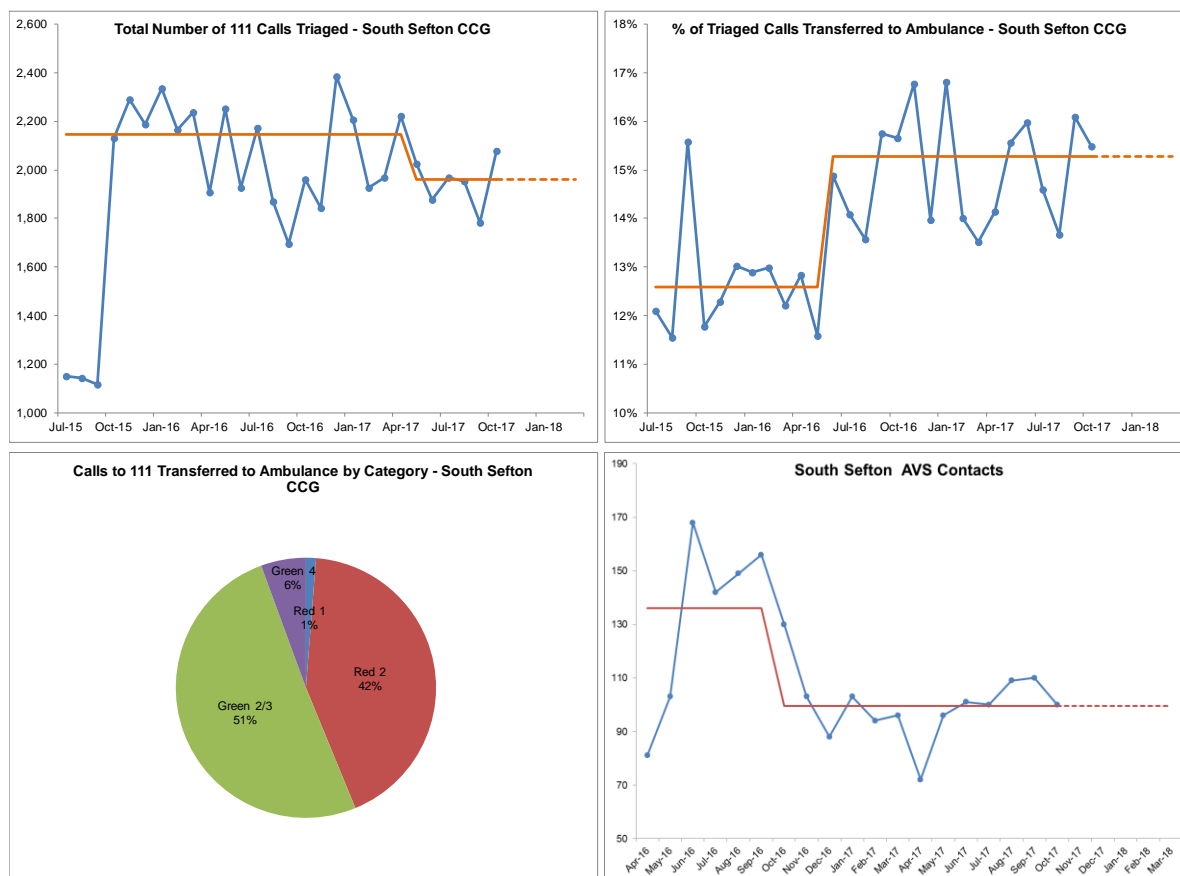
There has been an increase in the number of handover delays in excess of 30 minutes which has increased to 214 (+37), of which 173 (+56) were in excess of 60 minutes. The average time from notification to handover standard of 15 minutes has increased to 21:43 minutes compared to 18:41 minutes in September (+3.17 minutes). Ambulance Hospital Arrival Screen (HAS) compliance decreased to 84.40% (-2%).

In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

4.3 NWS, 111 and Out of Hours

4.3.1 111 Service Calls



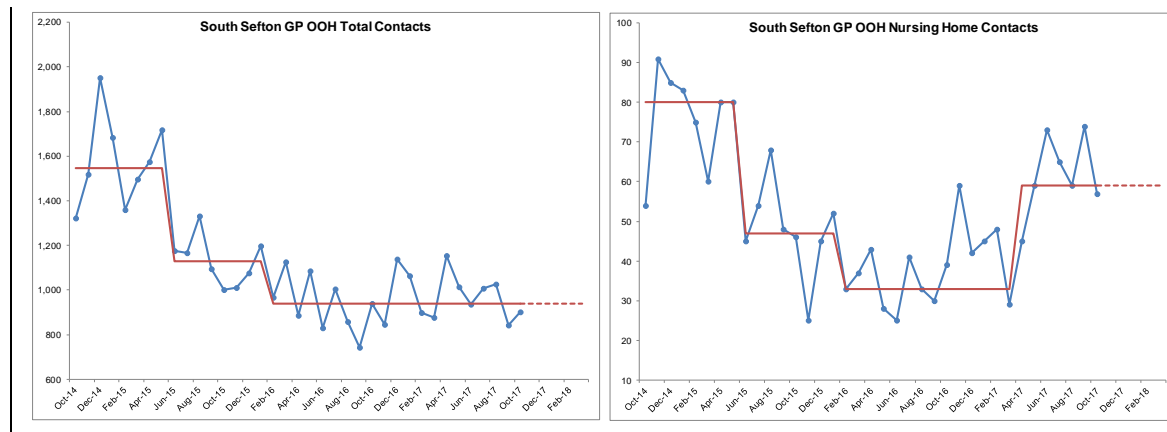
The number of calls in October has risen to 2,079 from 1,783 in September, an increase of 296 calls.

The breakdown for outcomes of 111 calls in October 2017 is as follows:

- 56% advised to attend primary and community care
- 16% closed with advice only
- 15% transferred to ambulance
- 9% advised to attend A&E
- 4% advised to other service.

Year to date, 17% of calls have been closed with advice only. This is a reduction on the first seven months of the previous year where 20% of calls ended this way. The reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend Primary and Community care and advised to attend other services.

4.3.2 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has risen slightly in October to 903. When compared to the same point in the previous year, there have been 530 more calls so far in the first 7 months of 2017/18, an increase of 8.3%.

GP OOH calls from nursing homes within South Sefton have reduced in October to 57. When compared to the same point in the previous year, the first 7 months of 2017/18 have received 193 more calls to nursing homes, an increase of 80.8%.

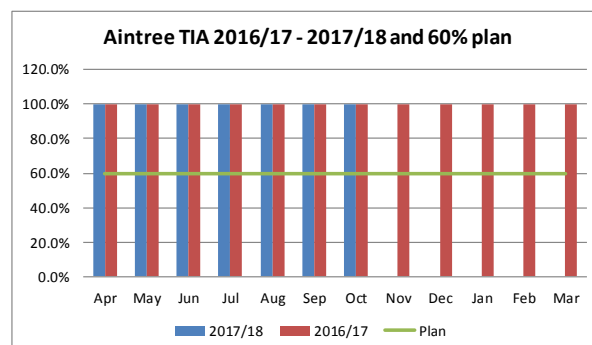
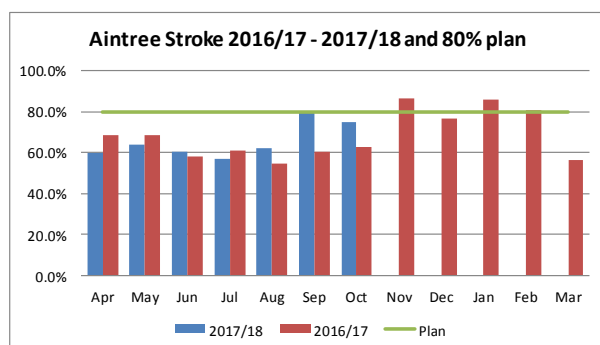
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 38 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - October	80%	75.00%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - October	60%	100%	↔



Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in October, achieving 75%.

36 patients with a diagnosis of stroke were discharged from the Trust during the month. 27 patients spent 90% of their stay on the Stroke Unit, the standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 6 patients required admission to the Stroke Unit but no beds were available
- 2 patients were diagnosed as a stroke after MRI
- 1 patient's notes not available (to be reviewed on return from scanning)

Lack of available stroke beds remains a recurring theme and biggest contributor to the inability to achieve the standard. This is being addressed through implementation of a business case for Stroke inpatient capacity.

Actions:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds
- Ensure timely step down of patients from Stroke unit to a medical bed
- Stroke meetings to discuss outliers and delayed transfers of care, daily monitoring
- Stroke outliers to be discussed at the daily 8.45am site meeting
- Discuss late referrals to the Stroke Team with Acute and Emergency Medicine to ensure lessons are learnt – patient journeys to be shared with relevant teams
- Weekly breach meeting with Dr Cullen and Stroke Nurse clinicians to discuss failed pathways, reasons for not achieving the 4 hour time target

4.4.2 Mixed Sex Accommodation

Figure 39 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - October	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	17/18 - October	0.00	0.00	↔

4.4.3 Healthcare associated infections (HCAI)

Figure 40 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - October	32	28	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - October	27	42 (32 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - October	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - October	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - October	77	82	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - October	No Plan	175	↓

The CCG had 2 new cases of Clostridium Difficile reported in October 2017 (28 year to date) against a year to date plan of 32 (17 apportioned to acute trust and 11 apportioned to community). The year-end plan is 54. Aintree had 4 new cases reported in October (42 year to date) against a year to date plan of 27. (There have been 10 successful appeals upheld at panel, so 32 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in October and 1 case of MRSA in June. The case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in September there were 8 cases bringing the year to date total to 82 which is over the 77 year to date plan. There are no targets set for Trusts at present

4.4.4 Hospital Mortality

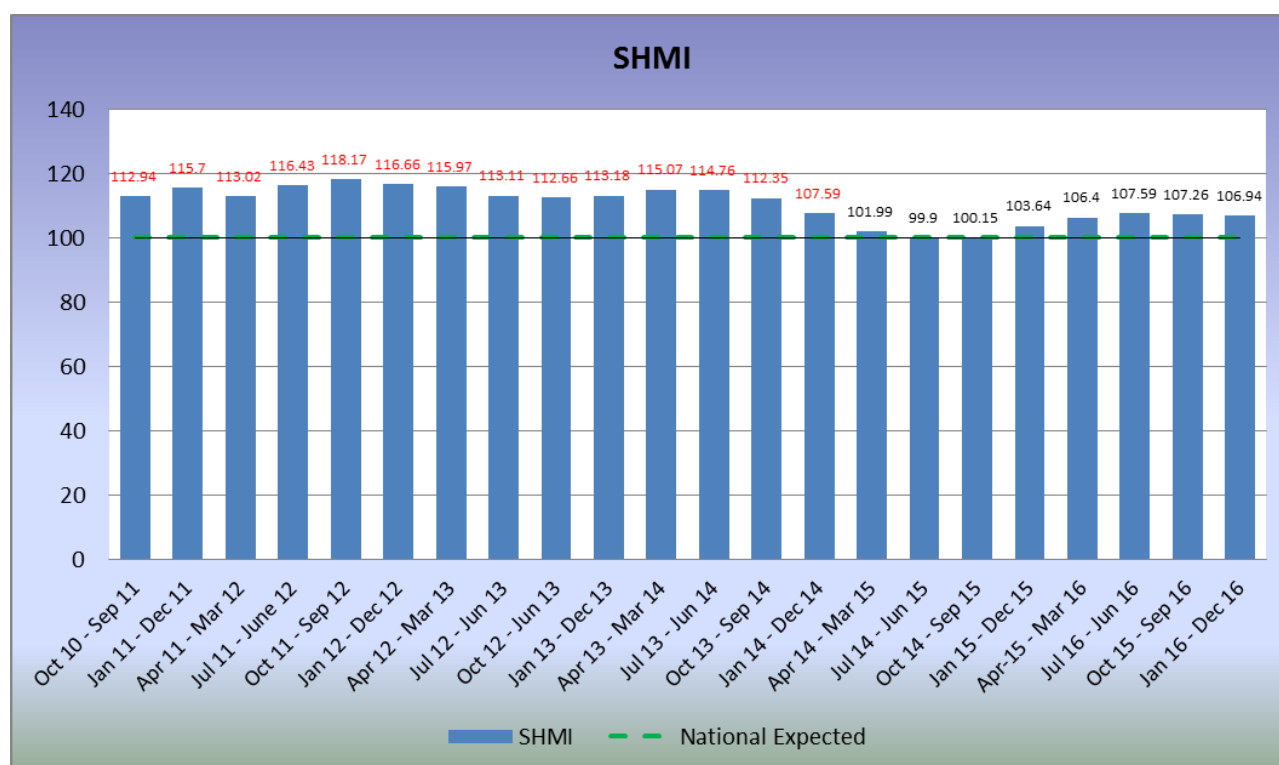
Figure 41 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - October	100	96.17	↑
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16 to Jan-17	100	105.79	↓

HSMR is reported for the rolling 12 months to June 2017 with the latest data showing a slight increase to 96.17 from 95.29 previously reported. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected.

SHMI at 105.79 is marginally lower than performance at December 2016 and within tolerance levels.

Figure 42 - Summary Hospital Mortality Indicator



A mortality workshop was hosted by South Sefton CCG on 2nd November. This workshop had two clear aims: to develop a coherent and consistent view of mortality at Aintree; and Consider an appropriate process to raise queries and manage responses regarding mortality at Aintree. Attendees were from a number of organisations and departments including quality, commissioning, finance, contracts, and clinical leads from South Sefton, Liverpool, and Knowsley CCGs, contract leads from NHS England, and also colleagues from Aintree including the Associate Director of

Strategy, Service Development and BI, Clinical Coding and Audit Manager, and Advancing Quality Programme Management Lead. The group reviewed in detail the latest Advancing Quality Alliance (AQuA) report, and the latest Aintree University Hospital Full Mortality Report. The workshop also heard a description of the work the Aintree Avoidable Mortality Reduction Group has undertaken over the last four years, the work streams, the format and structure of the meetings, progress to date. The attendees also discussed the connectivity between forums such as the Aintree Avoidable Mortality Reduction Group, Clinical Quality & Performance Group, Collaborative Commissioning Forum, and Contract Review Meetings, and how these link to each CCG's respective forums and committees. It was agreed that mortality to be a standing agenda item at CQPG.

Liverpool CCG described a process in place for Royal Liverpool and Broadgreen Hospital to complete a quarterly template regarding Structured Judgement Reviews (a means of retrospectively assessing quality of care, recommended for use by the National Quality Board). The template is completed by the Provider on a quarterly basis and submitted to Liverpool CCG to provide assurance. It was suggested that if South Sefton CCG could agree with Aintree to adopt the same process, the completed template could be discussed at the Aintree Mortality Group which in future could report to CQPG, with the agreed escalation to Collaborative Commissioning Forum if required.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 7.

There are a total of 93 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 93, 69 apply to South Sefton patients. 24 are attributed to Aintree University Hospitals NHS Trust. 33 were reported by Mersey Care. Zero Never Events in month, with 1 YTD. 1 incident was closed in month (46 YTD). 38 remain open on StEIS for > 100 days for South Sefton patients.

Aintree University Hospitals NHS Foundation Trust reported 5 incidents in month (18 YTD), with zero Never Events (1 YTD), 2 closed in month (21 YTD). 24 remain open with 11 open for > 100 days.

Mersey Care NHS Foundation Trust reported 3 incidents in month (33 YTD), 28 related to South Sefton CCG patients with zero Never Events (0 YTD). There were zero incidents closed in month (28 YTD). 40 remain open on StEIS with 12 remaining open > 100 days, 8 for South Sefton patients.

Two incidents remain open for South Sefton CCG. One is a Primary Care Medicines Management and the other DMC Healthcare Ltd.

4.6 CCG Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

NHS England are replacing the previous patient snapshot measure with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative.

Figure 43 - Average Delayed Transfers of Care per Day at Aintree April 2016 – October 2017

Reason for Delay	2016-17												2017/18							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2	2	1	
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11	7	8	9	9	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4	1	6	1	3	2	5	
F) COMMUNITY EQUIPMENT/ADAPATIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1	0	1	
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14	15	8	
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I) HOUSING	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	29	39	18	28	29	24	

The average number of delays per day in Aintree hospital decreased slightly in October to 24 from 29 reported in September. Of the 24, 8 were patient or family choice, 9 were awaiting further NHS non-acute care, 5 were awaiting care package in own home, 1 completion assessment and 1 community equipment/adaptation.

Analysis of average delays in October 2017 compared to October 2016 shows a slight decrease in the average number of patients from 25 to 24.

Figure 44 - Agency Responsible for Days Delayed at Aintree April 2016 – October 2017

Agency Responsible	2016-17												2017/18							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962	515	725	800	584	
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	221	34	134	93	176	
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

The total number of days delayed due to the NHS was 584 in October, a decrease from 800 reported in September. Delays due to social care was 176 in October, an increase from 93 reported in September. No delays due to both were reported in October.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. In addition there is also CCG representation at the weekly focused MADE (Multi Agency Discharge Event) on the Aintree site. The MADE has representation from all system partners and focuses on providing targeted support to inpatient wards with a high number of health and social care delays.

Additionally, local CCG representatives from South Sefton, Knowsley and Liverpool now provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay to domiciliary providers in an attempt to attract additional capacity into the local market.

The Intermediate Care, Reablement and Assessment Service (ICRAS) model, which using a lane model with development of trusted assessor roles in the acute setting, transfer of Social Work support to the community setting and increased availability of packages of care, commenced on October 2nd 2017 and will facilitate timely discharge of patients to the most appropriate setting.

Figure 45 - Average Delayed Transfers of Care per Day - Merseycare - April 2016 – October 2017

Reason for Delay	2016/17												2017/18							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6	5	6	
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2	1	2	
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6	6	6	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4	3	2	
D) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8	8	7	
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3	3	4	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1	1	1	
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8	10	10	
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	0	
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	37	41	40	41	

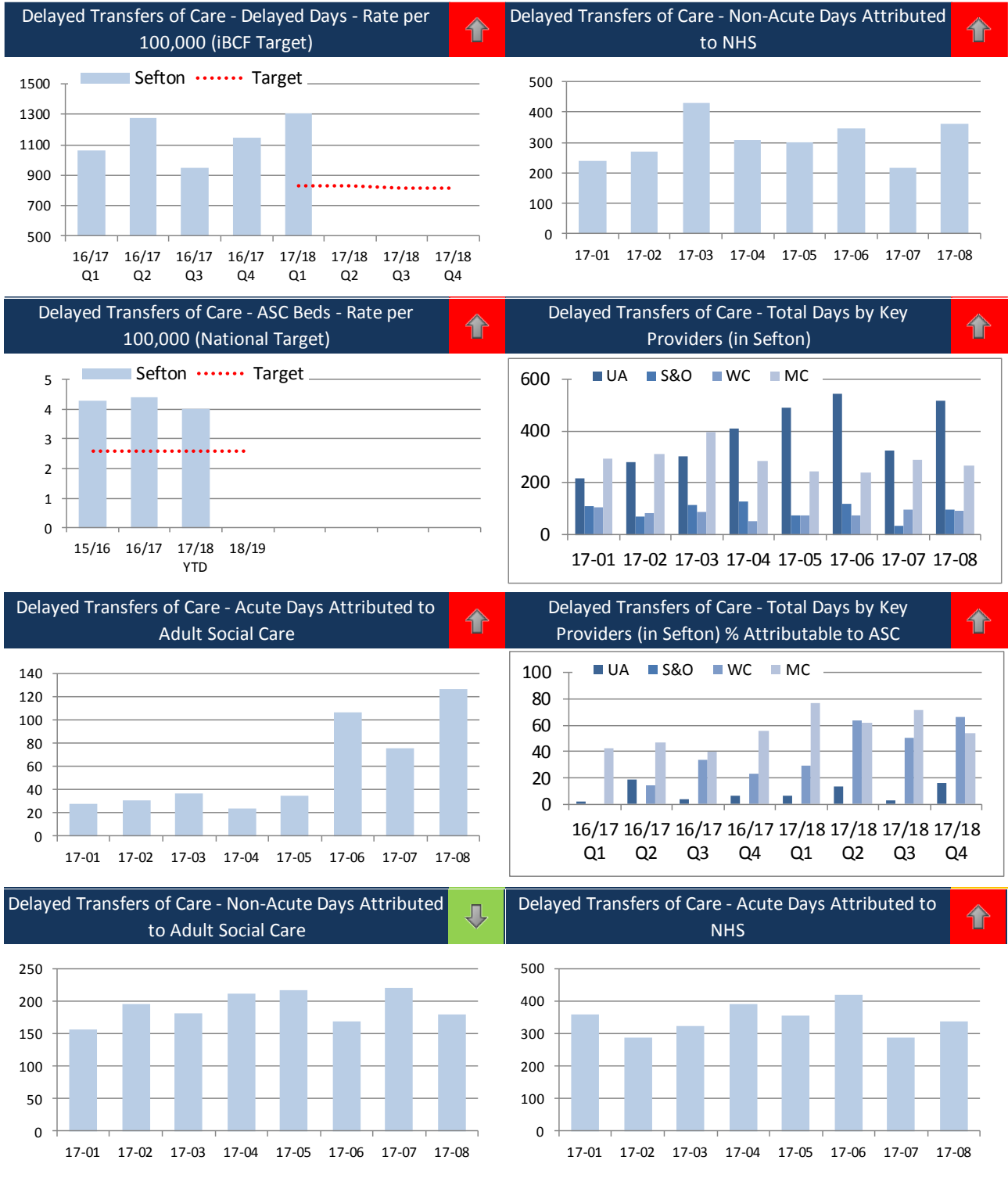
The average number of delays per day at Merseycare increased slightly to 41 in October. Of the 41 delays, 10 were due to housing, 7 were awaiting nursing home placements, 6 waiting further NHS non-acute care, 6 awaiting completion assessments, 2 awaiting residential care home placements, 4 awaiting care package in own home, 3 patient or family choice, 2 public funding and 1 dispute. Analysis of average delays in October 2017 compared to October 2016 shows them to be lower by 1.

Figure 46 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – October 2017

Agency Responsible	2016/17												2017/18							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704	
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396	
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178	

The total number of days delayed caused by NHS was 704 in October, compared to 680 last month. Analysis of these in October 2017 compared to October 2016 shows an increase from 507 to 704 (197). The total number of days delayed caused by Social Care was 396 in October, compared to 406 in September, showing a decrease of 10. Merseycare also have delays caused by both which was 178 in October, an increase from the previous month which reported 151.

4.7 ICRAS Metrics



4.8 Patient Experience of Unplanned Care

Figure 47 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Oct-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	16.9%		87%	82%		7%	12%	

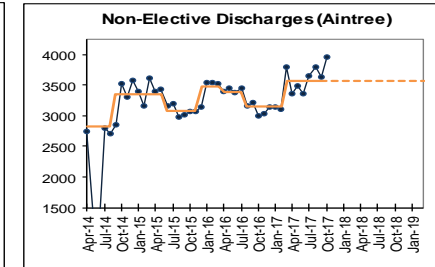
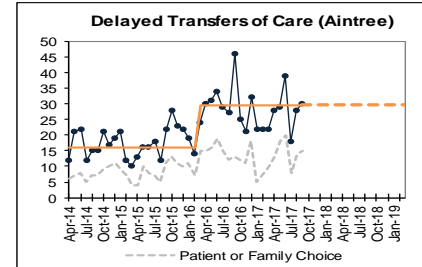
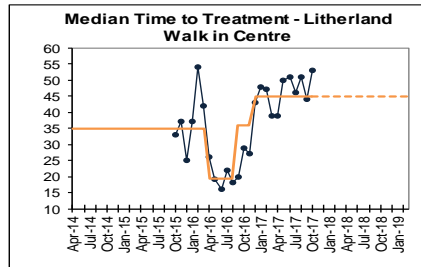
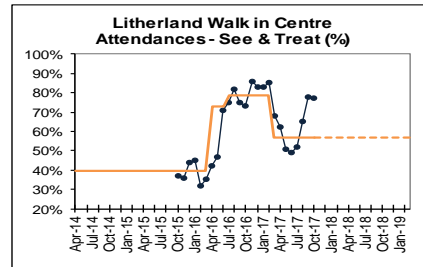
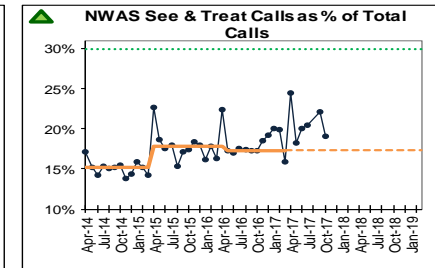
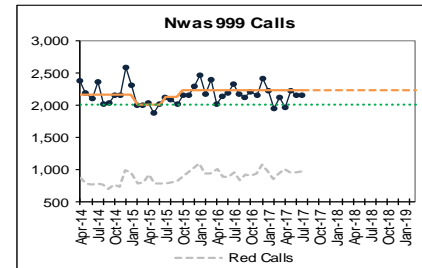
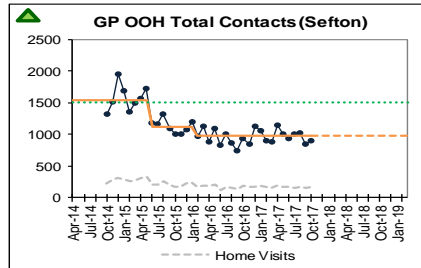
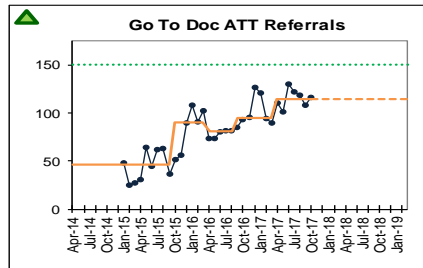
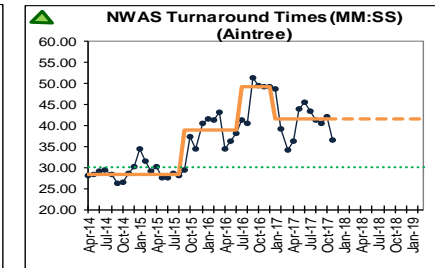
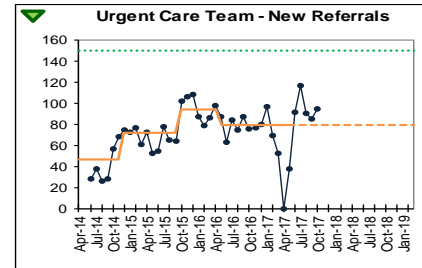
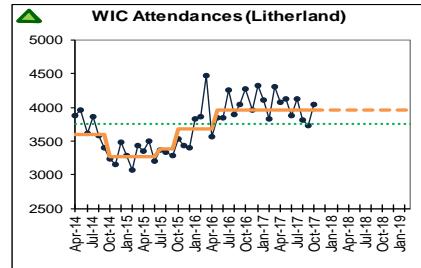
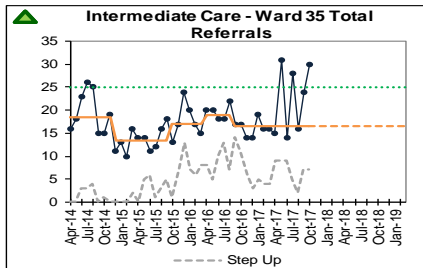
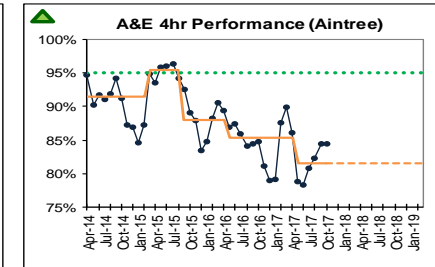
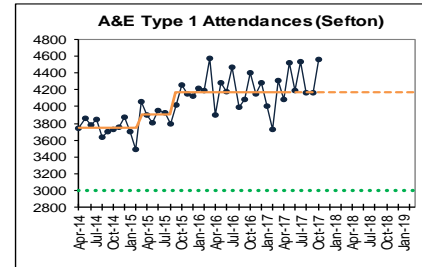
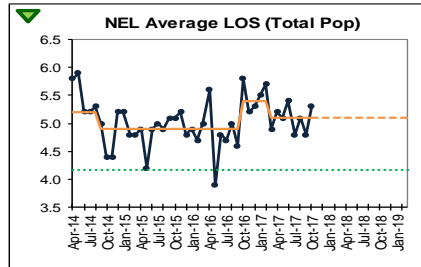
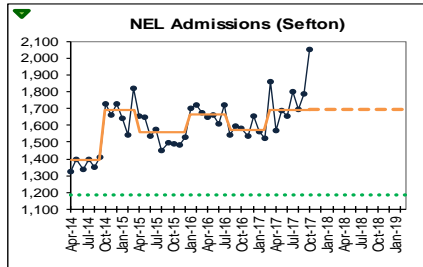
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended














The percentage of people that would recommend A&E is lower than the England average again reporting 82% in October. The not recommended percentage is at 12% in September which is lower than the previous month (11%).

4.9 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions (O#1)	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay (O#2)	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances (O#3)	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types (O#4)	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances (P#1)	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals (P#2)	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals (P#3)	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc ATT Referrals (P#4)	All South Sefton referrals to the Alternative to Transfer (ATT) service.		Commissioners aim to see an increase in referrals to the ATT service.
Go to Doc Out of Hours Activity (P#5)	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree (P#6)	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls (B#1)	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls (B#2)	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

4.10 Unplanned Care Activity & Finance, All Providers

4.10.1 All Providers

Performance at Month 7 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £935k/3.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£101k/-0.4%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 7 with a year to date variance of £934k/4% and £376k/33% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£233k/13%.

Figure 48 - Month 7 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	55,991	62,410	6,419	11%	£20,811	£21,745	£934	4%	-£934	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,811	5,369	-442	-8%	£1,255	£1,132	-£123	-10%	£123	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	144	89	-55	-38%	£239	£197	-£42	-18%	£42	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,016	1,934	-82	-4%	£2,441	£2,339	-£103	-4%	£103	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,157	3,401	244	8%	£1,155	£1,532	£376	33%	-£376	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	6	4	-2	-32%	£32	£27	-£6	-18%	£6	£0	0.0%
ACTING AS ONE TOTAL	67,125	73,207	6,082	9%	£25,934	£26,970	£1,036	4%	-£1,036	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	39	63	24	61%	£10	£21	£11	120%	£0	£11	120%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	45	45	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4,769	4,656	-113	-2%	£1,814	£1,550	-£264	-15%	£0	-£264	-15%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	517	636	119	23%	£231	£260	£29	12%	£0	£29	12%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	43	43	0	1%	£105	£142	£37	36%	£0	£37	36%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	24	25	1	4%	£8	£8	£0	2%	£0	£0	2%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	75	75	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	143	167	24	17%	£51	£92	£41	79%	£0	£41	79%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	36	38	2	6%	£23	£16	-£6	-28%	£0	-£6	-28%
ALL REMAINING PROVIDERS TOTAL	5,571	5,748	177	3%	£2,241	£2,110	-£132	-6%	£0	-£132	-6%
GRAND TOTAL	72,696	78,955	6,259	9%	£28,175	£29,080	£905	3.2%	-£1,036	-£132	-0.5%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 49 - Month 7 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	24,225	27,843	3,618	15%	£568	£568	£0	0%
A&E - Accident & Emergency	17,955	19,226	1,271	7%	£2,421	£2,638	£217	9%
NEL - Non Elective	8,558	8,386	-172	-2%	£15,963	£16,276	£313	2%
NELNE - Non Elective Non-Emergency	28	20	-8	-29%	£101	£73	-£28	-28%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	12	69	57	488%	£3	£17	£14	427%
NELST - Non Elective Short Stay	1,164	1,195	31	3%	£782	£831	£50	6%
NELXBD - Non Elective Excess Bed Day	4,049	5,671	1,622	40%	£973	£1,341	£368	38%
Grand Total	55,991	62,410	6,419	11%	£20,811	£21,745	£934	4.5%

4.10.3 Aintree Hospital Key Issues

The Urgent Care over spend of £934k/4.5% is driven by over performance within Non Electives and Non Elective Excess Bed Days as well as within Accident & Emergency. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology and Cardiology. In contrast, there is currently a significant under spend within the Accident & Emergency and Geriatric Medicine specialties.

Despite the overall indicative overspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

4.10.4 Royal Liverpool University Hospital

Figure 50 - Month 7 Unplanned Care – Royal Liverpool University Hospital Trust by POD

The Royal Liverpool Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	2,607	2,677	70	3%	£271	£299	£28	10%
AMAU - Acute Medical unit	13	38	25	200%	£1	£4	£2	200%
NEL - Non Elective	394	401	7	2%	£781	£1,070	£289	37%
NELNE - Non Elective Non-Emergency	8	13	5	53%	£49	£60	£11	22%
NELST - Non Elective Short Stay	52	81	29	55%	£33	£53	£20	59%
NELXBD - Non Elective Excess Bed Day	82	191	109	133%	£19	£45	£26	137%
Grand Total	3,157	3,401	244	8%	£1,155	£1,532	£376	33%

4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £376k/33% is largely driven by a £289k/37% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £148k/145% against plan.

As with Aintree Hospital, despite the overall indicative overspend for unplanned care PODs at Royal Liverpool, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 51 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/10/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	28	43	- 15	- 9
2 Common Mental Health Problems (Low Severity with greater need)	13	25	- 12	- 13
3 Non-Psychotic (Moderate Severity)	88	150	- 62	- 76
4 Non-Psychotic (Severe)	308	270	38	54
5 Non-psychotic Disorders (Very Severe)	86	67	19	20
6 Non-Psychotic Disorder of Over-Valued Ideas	36	46	- 10	- 8
7 Enduring Non-Psychotic Disorders (High Disability)	288	251	37	42
8 Non-Psychotic Chaotic and Challenging Disorders	137	122	15	13
10 First Episode Psychosis	148	144	4	13
11 On-going Recurrent Psychosis (Low Symptoms)	323	399	- 76	- 77
12 On-going or Recurrent Psychosis (High Disability)	396	354	42	47
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	101	6	9
14 Psychotic Crisis	34	27	7	5
15 Severe Psychotic Depression	8	6	2	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	44	38	6	6
17 Psychosis and Affective Disorder – Difficult to Engage	43	50	- 7	- 5
18 Cognitive Impairment (Low Need)	239	224	15	17
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	453	446	7	16
20 Cognitive Impairment or Dementia Complicated (High Need)	456	398	58	61
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	140	- 15	- 11
Cluster 99	413	558	- 145	- 137
Total	3,773	3,859	- 67	- 15

5.1.1 Key Mental Health Performance Indicators

Figure 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%	100%	92.6%	92.3%	96%
Rolling Quarter				97%	100%	96.0%	95.2%	96%

Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients	100%	No Patients	100%	100%	100%	66.7%
Rolling Quarter				100%	100%	100%	100%	66.7%

There was 1 patient that was not followed up within 48 hours out of a total of 3. The provider (Mersey Care) states that this is due to a patient being discharged to prison therefore they should be exempt, but the case still flags up on their IT system.

Figure 54 - EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	100%	67%	100%	50%	100%	67%
Rolling Quarter				80%	100%	81.8%	84.6%	67%

5.1.2 Out of Area Placements (OAP's)

Figure 55 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q1 2017/18	Apr 17 to June 17	96
	May 17 to Jul 17	51
	June 17 to Aug 17	28
Q2 2017/18	Jul 17 to Sep 17	23
	Aug 17 to Oct 17	20

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is August to October 2017 where 20 OAP's were reported, an improvement on the last reporting period of 23. The CCG is therefore currently in line with the target.

5.1.3 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway workstream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this work will involve assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staff who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function so as to optimise appropriate admissions and discharges.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs which continues to be a focus of concern which the Trust is seeking address

Commissioners are involved in the urgent care pathway and enhanced GP Liaison working. The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress was reported against the remedial action plan at the recent CQPG meeting in October 2017 however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1st October 2017 and these are being recruited to and the trust has reported that the vacant sessions will be filled in January 2018.

As previously reported the absence of an agreed shared protocol has prevented the transfer of patients back to primary care, however a shared care protocol for Adults with ADHD has been developed and agreed by the Sefton LMC and comments on the protocol are now awaited from the Trust.

In response to commissioner and provider concerns about the memory pathway and throughput of patients there have been initial discussions about undertaking a pilot involving two South Sefton practices forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer's disease. The pilots will be discussed in detail on 8th December 2017 and if agreed it is anticipated that the pilots commence in early 2018.

5.1.4 Patient Experience of Mental Health Services

Figure 56 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Oct-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.2%		86%	89%		5%	3%	

Merseycare recorded 89% of respondents as recommending, this is above the England average of 86%. The rate of those not recommending is below the England average, at 3%.

5.2 Improving Access to Psychological Therapies

Figure 57 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315	3,284
	2017/18	223	320	332	315	269	289	294						2,042
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%	13.5%
	2017/18	0.92%	1.32%	1.37%	1.30%	1.11%	1.19%	1.21%						8.40%
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%	40.7%
	2017/18	35.4%	46.3%	41.9%	43.9%	47.4%	49.5%	44.4%						44.3%
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%	97.8%
	2017/18	98.8%	98.90%	97.9%	100.0%	99.5%	98.4%	99.5%						98.8%
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	99.8%
	2017/18	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%						100.0%
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189	2,023
	2017/18	169	181	196	184	198	186	184						1,298
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13	96
	2017/18	8	4	5	4	8	2	6	0	0	0	0	0	37
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92	784
	2017/18	57	82	80	79	90	91	79						558
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%	85.3%
	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%						88.4%

Cheshire & Wirral Partnership reported 294 South Sefton patients entering treatment in Month 7, which is a slight (1.7%) increase from the previous month when 289 were reported. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 7 was 1.21% and therefore failed to meet the standard.

There were 416 Referrals in Month 7, which was a 9.8% increase compared to the previous month when there were 379. Of these, 69.2% were Self-referrals which is an increase from the previous month (64.4%). GP Referrals were slightly lower than the previous month with 71 compared to 76 for Month 6. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 45.9% in Month 7, which is a decrease from 49.5% for the previous month, and failing to meet the target of 50%.

Cancelled appointments by the provider saw an increase in Month 7 with 73 compared to 60 in Month 6. The Trust stated this was due to staff sickness.

There was a 22.3% increase in DNAs in Month 7 (from 148 in Month 6 to 181 in Month 7); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 7, 99.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

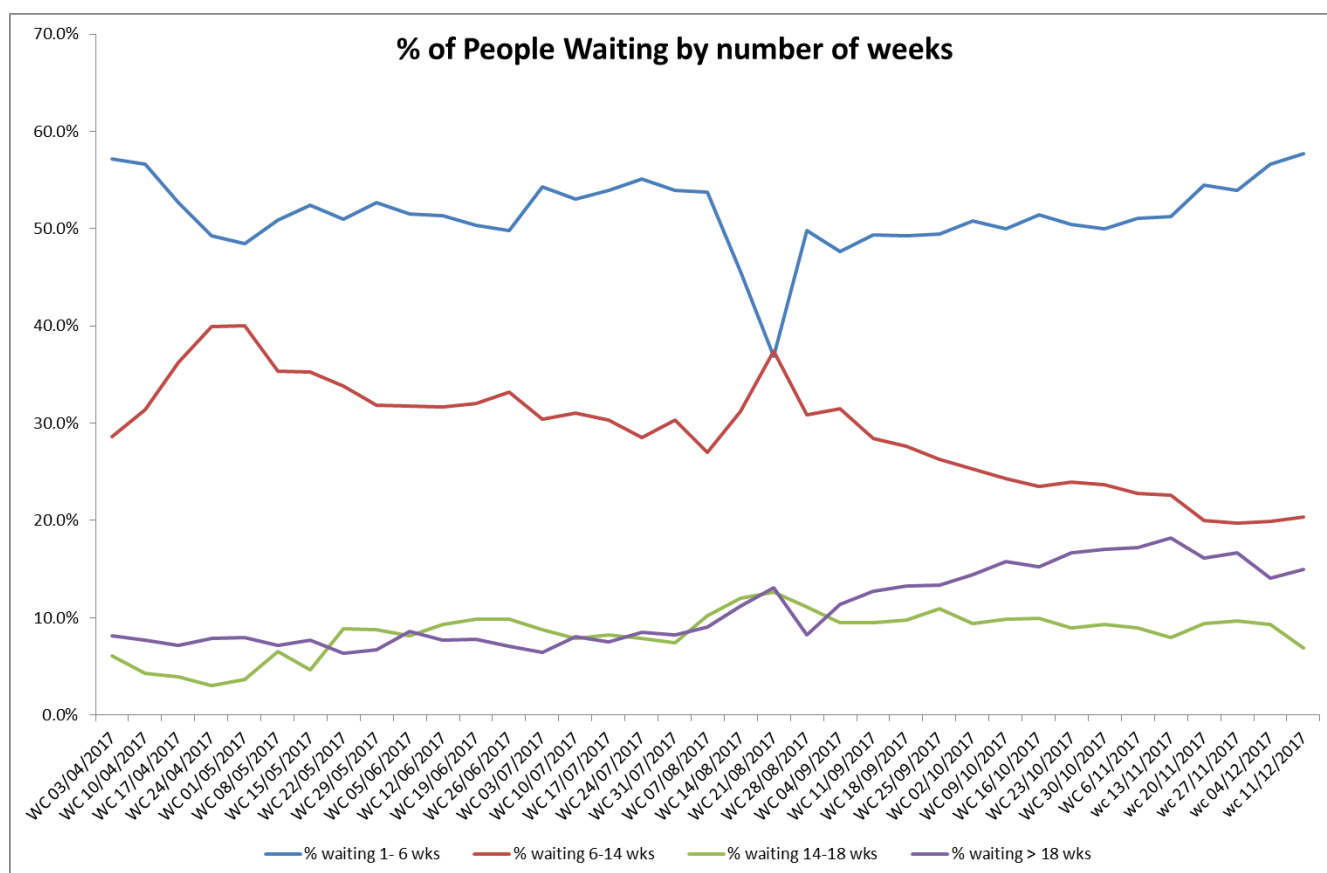
The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations, and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well-received.

A deep dive visit from the IAPT national intensive support team is planned for 4th December.

Figure 58 - NHS South Sefton CCG – Access Sefton % Internal waiters



The chart above illustrates internal waits activity for April 2017 onwards over the 37-week reporting period. The proportion of people waiting 6 to 14 weeks for a second appointment has seen a slightly downward trend over the given time period with the exception of a peak in the week commencing 21/08/2017.

Some excessive waits remain, however the service reports that some patients request very specific days and appointment times for appointments.

5.3 Dementia

Figure 59 - Dementia casefinding

NHS South Sefton CCG

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP

registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in October 2017 of 67.52% which has met the national dementia diagnosis ambition of 66.7%. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital. The work that has been done at a practice level to improve dementia coding in South Sefton has also contributed to this improvement.

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

Figure 60 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	25	35	100	35
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	160	75	940	75
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	2.4%	30.1%	2.4%

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%. 85* more patients needed to have received treatment to achieve the quarter 1 target.

**For this data all values of less than 5 are suppressed by NHS Digital and replaced with a *, and all other values are rounded to the nearest 5.*

5.5 Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

Figure 61 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	1	2	6	2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2		2	
%	100.00%	33.33%	100.00%	100.00%	100.00%		100.00%	

Figure 62 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	0	2	0	2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2		2	
%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%		100.00%	

For Q2 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 6 patient waiting for a routine appointments. Of those 6 patients, 2 were seen between 0-1 weeks, 2 were seen at 2-3 weeks and 2 were seen at 3-4 weeks so performance against the 4 week target is 100% (against national standard of 95%).

The performance in this category is calculated against completed pathways only.

6. Community Health

6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards.

An information sub group has been established and the group has now met on several occasions. Activity reports submitted by the Trust (produced by Liverpool Community Health) are reviewed on a monthly basis and an activity query log has also been developed. The following issues have been raised at the information sub group:

- Waiting times targets – the group agreed that the standard acute 18 week target was not suitable to community services and that the targets will need to be reviewed and agreed with clinical input from both the Trust and CCG.
- Exception Reporting – the CCG urgent care lead is doing some work with the Trust around more informative exception reporting.
- Data Quality Issues – the activity statement highlights many potential data quality issues and also highlighted the need to review the baselines.

6.1.1 Quality

The CCG Quality Team are holding meetings with Mersey Care Community, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme has been reviewed and focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Aintree CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Any new local KPIs identified will be varied into the contract.

6.1.2 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18.

For patient DNAs, Sefton Physio Service continues to report high rates with 13.5% in October, although this is an improvement on 23.8% reported last month. Adult Dietetics also continues to report high rates at 14.6% in October, another improvement from 17.8% in September. These high DNA rates have been discussed in the monthly contract meetings and the Trust is reviewing the appointments that are currently available to patients to ensure they are convenient, for example a potential need for out of hours or weekend appointments to accommodate those who work full time.

Provider Cancellation Rates: Treatment Rooms is reporting 6% in October, showing a slight increase in the percentage of cancellations from September when 5.9% was reported. Adult dietetics is showing a 6.4% cancellation rate, a slight improvement from 6.7% reported in September. There were a number of cancellations to prioritise work elsewhere in the dietetics service. A clinic was added elsewhere in calendar and wasn't moved to a waiting list but was added to another clinic. An EMIS Champion Group has been set up to discuss functionality issues within the system. The Trust plans to add slot utilisation to the agenda for further discussion.

Patient Cancellation Rates: Treatment rooms, Podiatry, Physio, Diabetes and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for October and show no sign of improvement.

6.1.3 Waiting Times

Waiting times are reported a month in arrears. In August 2017, the following services reported just above the 18 week waiting times target for the completed pathways (95th percentile).

Adult SALT: In August, this service reported an average wait of 19 weeks, a slight improvement compared to last month when 20 weeks was reported.

Physiotherapy: In August, this service reported an average wait of 19 weeks, a slight decline on last month when it was green at 18 weeks. However, waiting times have gradually increased over the current financial year from 14 weeks in April. The average waiting times on the incomplete pathway are currently green at 17 weeks but this has also been increasing over the year from 12 weeks in May.

Podiatry: In August, this service reported an average wait of 19 weeks, a slight decline on last month when it was green at 18 weeks. Again, waiting times seem to be increasing slightly as the year progresses.

Nutrition & Dietetics: In August, the service reported an average wait of 24 weeks, a more significant decline on last month when 18 weeks was reported.

Unfortunately, no update has been provided for September for the completed pathways and the Trust has stated that this information will continue to be provided going forward. Incomplete pathways for all services are reporting below 18 weeks for September 2017.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1st June. Therefore the following information reports a year to date position from month 3 onwards.

At Month 7 2017/18 YTD the costs for the CCG for initial contacts was £20,118 with 293 contacts and for follow-ups costs were £101,038 with 3,151 contacts (1,037 with attached costs).

6.2.1 Liverpool Community Health Quality Overview

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

6.3 Alder Hey Community Services

6.3.1 Services

The following services have been taken over by the Trust for South Sefton CCG patients;

- Paediatric Continence
- Paediatric Dietetics
- Paediatric OT
- Paediatric SALT

Liverpool Community Health is currently providing activity reports to the CCG for these services as per the 2016/17 information schedule.

6.3.2 Waiting Times

Paediatric SALT: In September 2017, 22 weeks was reported for the third consecutive month for incomplete pathways against the 18-week target. This shows no improvement in waiting times compared to last month. A total of 103 patients were waiting over 18 weeks (an increase on 77 reported last month), with the longest waiter at 32 weeks.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics: October 2017 shows the trend of high DNA's continuing at 14.1%, a decline on last month when 11.9% was reported. April remains the only month this year to report low DNA's with 3.1%.

6.4 Percentage of Children Waiting More than 18 Weeks for a Wheelchair

Figure 63 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	19	Nil return	19	Nil return	19		19	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20	Nil return	20		20	
%	95.00%	0.00%	95.00%	0.00%	95.00%		95.00%	

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded.

7. Third Sector Overview

Reports detailing activity and outcomes during Q2 have now been finalised and a copy of this report has now been circulated amongst commissioners. Referrals to most services have increased during Q2 compared to the same period last year; the complexity of service user issues is also increasing and cases are now taking longer to resolve.

Information reporting flows are now being received for Netherton Feelgood Factory, CHART & Parenting 2000. Work is ongoing with hospices to establish information schedules and reporting shortly.

A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering with mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly, Women's & Children's Aid (Domestic Violence), Stroke Association and dementia services.

Alzheimer's Society are currently piloting a project and have engaged with 9 GP practices across Sefton delivering 2 hourly dementia surgeries for patients and their carers. This model appears to have been very well received amongst GPs and practice staff, and further plans have been put in place to role this out further across the borough.

A piece of work has been completed to capture the numbers of referrals during 2016-17 by electoral Ward for each of our providers. This is to be used going forward to identify hot-spots and gaps within the Sefton footprint.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 64 - South Sefton CCG - Extended Access at GP services 2017/18 Plans

		E.D.14	Months 1-6	Months 7-12
Extended access (evening and weekends) at GP services	2017/18 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group.	-	-
		The criteria of 'Full extended access' are:		
		<ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 		
		Total number of practices within the CCG.	30	30
	%	0.00%	0.00%	
	2018/19 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group.	-	-
		The criteria of 'Full extended access' are:		
		<ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 		
Total number of practices within the CCG.		30	30	
%	0.00%	0.00%		

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices and in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. In October, Eastview Surgery was inspected and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and 'Well Led'. All the results are listed below:

Figure 65 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July, local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

A Quarter 2 performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

Since the Better Care Fund plan submission in September, the Integrated Reablement and Assessment Service (ICRAS) moved on from planning stages to mobilisation. This commenced on 2 October with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. It is early days for the scheme which has been implemented at great pace, but initial reports look positive.

Also, Sefton's draft Integration Framework has been approved and the plans detailed therein have commenced. A workshop to develop each of the work streams for integration is scheduled for 15 November 2017, which will in turn shape the vision for integration in Sefton. A summary of the Q2 BCF performance is as follows:

Figure 66 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 67 – BCF High Impact Change Model assessment

		Maturity assessment		
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Mature
Chg 7	Focus on choice	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

A dashboard is released each quarter by NHS England. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

123b: Improving Access to Psychological Therapies – access

124c: Completeness of the GP learning disability register

105c: Percentage of deaths with three or more emergency admissions in last three months of life

132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG

166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

Of the new indicators above, only IAPT Access (123b) data has been published.

The quarter 1 2017/18 release cited the following indicators as best quartile nationally, or an improving trend:

- 131a: Percentage of CHC full assessments which took place in an acute hospital setting **70.8%** (Q4 2016/17). *Best quartile nationally*. Note: indicator appears to have ranked CCGs where higher % is 'better' which is incorrect.
- 107a: Antimicrobial Resistance – appropriate prescribing of antibiotics in primary care (calculated as weighted number of items for antibacterial drugs in the previous 12 months) **1.216** (June 2017). *Improving position but still worst quartile nationally*.
- 122a: Cancers diagnosed at early stage (cancers diagnosed at stage 1/2 for specific tumour sites **49.1%** (2015). *Improving position but still worst quartile nationally*.
- 122c: One year survival from all cancers **70.2%** (2014). *Improving position*.
- 126a: Dementia diagnosis rate **67.0%** (August 2017). *Improving position*.
- 127c: A&E admission, transfer, discharge within 4 hours **86%** (September 2017). *Improving position but worst quartile nationally*.

The quarter 1 2017/18 release cited the following indicators as worst quartile nationally, or a deteriorating trend:

- 104a: Injuries from falls in people aged 65+ years per 100,000 population. **2,865** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions **3184** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 107a: Antimicrobial Resistance – appropriate prescribing of antibiotics in primary care (calculated as weighted number of items for antibacterial drugs in the previous 12 months) **1.216** (June 2017). *Improving position but still worst quartile nationally.*
- 122a: Cancers diagnosed at early stage (cancers diagnosed at stage 1/2 for specific tumour sites **49.1%** (2015). *Improving position but still worst quartile nationally.*
- 122b: proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days **78.8%** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 123a: IAPT recovery rate. **42.4%** (June 2017). *Deteriorating position and worst quartile nationally.*
- 124b: LD – annual health check. **10.4%** (2015/16). *Worst quartile nationally.*
- 125d: Maternal smoking at delivery. 15.3% (Q1 2017/18). *Worst quartile nationally but improving.*
- 125a: Neonatal mortality and stillbirths within 28 days as a proportion of all neonatal mortality and stillbirths. **6.1%** (2015). *Worst quartile nationally.*
- 126b: Dementia post diagnostic support (proportion of patients with a care plan). **73.9%** (2015/16). *Worst quartile nationally and deteriorating.*
- 127b: Emergency admissions for urgent care sensitive admissions. **3,254** (Q4 2016/17). *Worst quartile nationally but improving.*
- 127c: A&E admission, transfer, discharge within 4 hours **86%** (September 2017). *Improving position but worst quartile nationally*
- 127f: Hospital bed use following emergency admission per 1,000 population. **602.2** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 128d: Primary Care workforce (FTE GP and Nurses per weighted population) **0.90** (March 2017). *Worst quartile nationally but improving*
- 144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral. **20.4%** (November 2017). *Worst quartile nationally but improving.*

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

10.2 Improvement & Assessment Framework Dashboard

Figure 68 – Q1 2017/18 IAF Dashboard

NHS South Sefton CCG

2016/17 Year End Rating:

Requires Improvement

Better Health						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 102a	% 10-11 classified overweight 2013/14 to 2015/16	35.4%	↑	6/11	142/207	R 121a	High quality care - acute 17-18 Q1	60	↓	9/11	87/207
103a	Diabetes patients who achieved 2015-16	39.3%	↓	7/11	98/207	R 121b	High quality care - primary care 17-18 Q1	66	↑	8/11	110/207
103b	Attendance of structured education 2014	7.9%	↑	4/11	67/207	R 121c	High quality care - adult social 17-18 Q1	61	↑	4/11	131/207
R 104a	Injuries from falls in people 6.16-17 Q4	2,865	↑	9/11	197/207	122a	Cancers diagnosed at early stage 2015	49.1%	↑	7/11	166/207
R 105b	Personal health budgets 17-18 Q1	7	↓	11/11	138/207	122b	Cancer 62 days of referral to treatment 16-17 Q4	78.8%	↓	10/11	136/207
R 106a	Inequality Chronic - ACS & UC 16-17 Q4	3,184	↑	9/11	191/207	122c	One-year survival from all cancers 2014	70.2%	↑	2/11	94/207
R 107a	AMR: appropriate prescribing 2017 06	1.216	↓	5/11	187/207	R 122d	Cancer patient experience 2016	8.8	↑	7/11	54/207
R 107b	AMR: Broad spectrum prescribing 2017 06	8.2%	↑	7/11	79/207	R 123a	IAPT recovery rate 2017 06	42.4%	↓	10/11	193/207
108a	Quality of life of carers (not available)					R 123b	IAPT Access 2017 07	2.8%	↓	7/11	122/207
Sustainability						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 141b	In-year financial performance 17-18 Q1	Amber	↑			R 123c	EIP 2 week referral 2017 08	81.0%	↓	8/11	82/207
R 144a	Utilisation of the NHS e-referrals 2017 06	20.4%	↑	11/11	186/207	123d	MH - CYP mental health (not available)				
						123f	MH - OAP (not available)				
						123e	MH - Crisis care and liaison (not available)				
Leadership						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 162a	Probity and corporate governance 17-18 Q1	Fully Compliant	↔			R 124a	LD - reliance on specialist IP centres 17-18 Q1	66	↓	3/11	141/207
163a	Staff engagement index 2016	3.70	↓	9/11	183/207	124b	LD - annual health check 2015-16	10.4%	○	11/11	207/207
163b	Progress against WRES 2016	0.12	○	7/11	95/207	124c	Completeness of the GP learning disability register (not available)				
164a	Working relationship effective 16-17	63.79	↓	9/11	157/207	R 125d	Maternal smoking at delivery 17-18 Q1	15.3%	↓	4/11	165/207
166a	CCG compliance with standards of public and patient participation (not available)					125a	Neonatal mortality and stillbirths 2015	6.1	○	8/11	166/207
R 165a	Quality of CCG leadership 17-18 Q1	Amber	↔			125b	Experience of maternity services 2015	81.2	○	7/11	73/207
						125c	Choices in maternity services 2015	67.0	○	6/11	70/207
Key						Better Care					
						R 126a	Dementia diagnosis rate 2017 08	67.0%	↑	10/11	120/207
						126b	Dementia post diagnostic support 2015-16	73.9%	↓	11/11	197/207
						R 127b	Emergency admissions for UC 16-17 Q4	3,254	↓	6/11	186/207

R	127c	A&E admission, transfer, disc 2017 09	86.0%	↑	9/11	150/207	
R	127e	Delayed transfers of care per 1000 2017 08	13.6	↑	10/11	133/207	
R	127f	Hospital bed use following em 16-17 Q4	602.2	↑	9/11	190/207	
		105c % of deaths with 3+ emergency admissions in last three months of life (not available)					
R	128b	Patient experience of GP servi 2017	83.9%	↑	9/11	128/207	
		128c Primary care access (not available)					
R	128d	Primary care workforce 2017 03	0.90	↑	9/11	163/207	
R	129a	18 week RTT 2017 08	92.4%	↓	8/11	53/207	
		130a 7 DS - achievement of standards (not available)					
R	131a	% NHS CHC assesments taking 16-17 Q4	70.8%	○	1/11	18/207	
		132a Sepsis awareness (not available)					

10.3 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

Dementia		Cancer		Mental Health						
126a	Dementia diagnosis rate	57.5%	↑	123a	IAPT recovery rate	42.3%	↑			
	57.5%	1.8%	31.3%		38.8%	11.0%				
126b	Dementia post diagnostic support	77.6%	↓	123b	EIP 2 week referral	69.2%	↑			
	73.9%	3.7%	67.6%		67.6%	1.7%				
122a	Cancers diagnosed at early stage	49.1%	↑	123c	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores		
	43.5%	5.5%	35.0%		40.0%	5.0%	No calculation possible due to lack of z-scores			
	122b	Cancer 62 days of referral to treatment	90.7%		↑	123d	MH - Crisis care and liaison	47.5%	↑	No calculation possible due to lack of z-scores
		78.8%	16.2%		42.5%		47.5%	5.0%	No calculation possible due to lack of z-scores	
122c	One-year survival from all cancers	70.2%	↑	123e	MH - OAP	87.5%	↑	No calculation possible due to lack of z-scores		
	60.3%	9.9%	25.0%		25.0%	75.0%	No calculation possible due to lack of z-scores			
122d	Cancer patient experience	8.8	↑							
		8.8	0.0%							

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

Figure 69 - South Sefton CCG's Month 7 Submission to NHS England

October 2017 Month 07	Month 07 Plan	Month 07 Actual	Month 07 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3554	3787	6.6%	<p>October saw a spike for GP referrals and Other referrals continue to perform at a higher rate than plan. Aintree and Spire are the main providers causing the slight increase of GP referrals. The increase is across a number of specialties with no one specialty the cause. Although up against October, GP referrals are slightly below plan year to date. Reviewing local referral data the 'Other' increases are located in consultant led referrals, A&E, and Dental with the main providers being Aintree, Royal, Southport, and Liverpool Women's. The increases are spread across a number of specialties with the prominent ones as follows: Cardiology, Urology, General Medicine, ENT, Clinical Physiology, and Gynaecology. We are also noticing increases specifically related to Oral Surgery and Maxillo Facial, these are originating with Dental referrals.</p>
Other	2179	2455	12.7%	
Total (in month)	5733	6242	8.9%	
Variance against Plan YTD	39129	40855	4.4%	
Year on Year YTD Growth			5.5%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5380	5104	-5.1%	<p>Local monitoring suggests actual closer in line with plan at 4% variance. The variance is likely to come back within the 3% tolerance once freeze data is received. YTD figures and total OP activity within planned range.</p>
Follow Up	11482	11556	0.6%	
Total Outpatient attendances (in month)	16862	16660	-1.2%	
Variance against Plan YTD	111918	111396	-0.5%	
Year on Year YTD Growth			3.3%	<p>Local monitoring suggests growth is in line with last year and not above 3%.</p>
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	-	2152	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-3.0%	
Urgent & Emergency Care				
Type 1	-	3747	-	
Year on Year YTD			0.7%	
All types (in month)	9070	8930	-1.5%	
Variance against Plan YTD	63776	60696	-4.8%	<p>Local monitoring of activity shows levels year to date within the 3% threshold, currently at 1.5%. Planned levels seasonally adjusted and are to increase in the latter part of the year thus mitigating any increases during the winter period.</p>
Year on Year YTD Growth			2.0%	
Total Non Elective spells (in month)	-	2037	-	<p>Non-elective spells have increased over the past few months with October the highest for a number of years. Figures show the increase is predominantly within Aintree, further analysis has revealed increasing conversion rates from A&E to admissions as well as lowering lengths of stay. Further work is to be done and discussions with the Trust at the Information leads meeting. Plans are seasonally based and as such are scheduled to increase in the coming months, thus bringing plan and activity closer in line.</p>
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			8.6%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Midlands and Lancashire
Commissioning Support Unit

Metric	Reporting Level	2017-18													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R	G	G	G	G						G	
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%							93.368%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R			G									R	
		Actual	89.917%			95.455%										92.866%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R	G	R	G						R	
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%							90.467%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R			R									R	
		Actual	87.963%			91.189%										89.616%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%							98.217%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G			G									G	
		Actual	98.537%			97.683%										98.06%
		Target	96.00%			96.00%			96.00%			96.00%			96.00%	

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G	R	G						G	
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%							95.604%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G									G	
		Actual	97.297%			94.595%									95.946%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%	
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						100.00%	
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G									G	
		Actual	100.00%			100.00%									100.00%	
		Target	98.00%			98.00%			98.00%			98.00%			98.00%	
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	R						G	
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%						97.50%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			G									G	
		Actual	98.718%			98.837%									98.78%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%	
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	G	G	R	G	R						R	
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%	82.051%						84.581%	
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R			G									G	
		Actual	84.524%			86.364%									85.567%	
		Target	85.00%			85.00%			85.00%			85.00%			85.00%	
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	R	G	G						G	
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%	100.00%						96.491%	
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	

1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G										G	
		Actual	100.00%	93.333%											95.652%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R									R	
		Actual	70.08%	65.92%	62.53%	64.67%										65.766%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	R	R	R									R	
		Actual	84.38%	70.69%	74.00%	69.44%										74.528%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R									R	
		Actual	68.94%	64.43%	64.68%	64.17%										65.514%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	69.73%	57.62%	60.30%	59.84%										61.962%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R									R	
		Actual	92.54%	90.08%	89.39%	89.80%										90.432%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	93.83%	87.99%	90.00%	90.37%										90.582%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G										G	
		Actual	97.143%	96.667%											96.923%
		Target	95.00%	95.00%	95.00%	95.00%									95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G	G	G							G	
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%							82.609%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G	G	G						R	
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%							
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders

2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G	R										R	
		Actual	0	1											1
		Target	1	1	1	1									1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG	G	G										G	
		Actual	0	0											-
		Target	1	1	1	1									1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	G							G	
		Actual	0	0	0	0	0	0	0								0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	G	G							G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%								92.993%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G	G	G	G	G	R							R	
		Actual	0	0	0	0	0	0	1								1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R						R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.778%							3.948%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G							G	
		Actual	0	0	0	0	0	0	0								0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%								20.608%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG	R		R									R	
		Actual	0.00%		0.00%										-
		Target	92.00%		92.00%		92.00%		92.00%		92.00%		92.00%		92.00%

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R					R
		YTD	0	0	1	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	3	9	12	15	21	26	28	29					29
		Target	5	11	14	18	23	28	34	39	43	45	48	54	39

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%					85.057%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R					R
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%					82.699%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G					R
		Actual	0	9	2	0	0	0	0	0					11
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0